

Exhibit H

UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF NEW YORK

JEAN LIN,)
)
)
Plaintiff,)
)
vs.) CASE NO.: 1:07-CV-03218 (RJH)
)
)
METROPOLITAN LIFE)
INSURANCE COMPANY,)
)
)
Defendants.)

DEPOSITION OF : DR. SAM KAM
TAKEN BY : TOMASITA SHERER, ESQUIRE
Commencing : 8:47 A.M.
Location : 1051 PARK VIEW DRIVE
COVINA, CALIFORNIA 91723
Day, Date : TUESDAY, FEBRUARY 19, 2008
Reported by : MARGARET A. FORD, C.S.R. NO. 10530
Pursuant to : Notice
Original to : TOMASITA SHERER, ESQUIRE

Pages 1 - 103
Job No. 109648

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ALSO PRESENT: JEAN LIN

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COMMONWEALTH OF MASSACHUSETTS
SUPERIOR COURT DEPARTMENT OF THE TRIAL COURT

JEAN LIN,)
)
)
Plaintiff,)
)
vs.) CIVIL ACTION NO.: 07-2190-B
)
)
JOHN HANCOCK LIFE)
INSURANCE COMPANY,)
)
)
Defendant.)

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EXHIBITS

DEFENDANT'S EXHIBIT NO.	DESCRIPTION	MARKED FOR IDENTIFICATION
A	DR. KAM'S CV	07
B	8/7/04 NOTES	11
C	AUGUST 13, 2004 LABS	11
D	ABDOMINAL ULTRASOUND	24
E	CUSTODIAN'S CERTIFICATION	70
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INFORMATION REQUESTED

(None)

QUESTIONS NOT ANSWERED

(None)

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1 COVINA, CALIFORNIA, TUESDAY, FEBRUARY 19, 2008
 2 8:47 A.M.
 3 -OOO-
 4
 5 DR. SAM KAM,
 6 the witness herein, after having been duly sworn, was
 7 deposed and testified as follows:
 8
 9 EXAMINATION
 10 BY MS. SHERER:
 11 Q Good morning, Dr. Kam.
 12 A Good morning.
 13 MR. ROONEY: We'll get a stipulation between
 14 counsel. Counsel: Mr. Trief and myself and Ms. Sherer,
 15 counsel for the parties, agree that this deposition is
 16 being taken in two different cases, one case of Jean Lin
 17 vs. MetLife and Jean Lin vs. John Hancock Life, and the
 18 testimony given by Dr. Kam here today can be used by the
 19 parties in either case. And all objections are reserved
 20 until the time of trial except objections as to form as
 21 well as motions to strike.
 22 MR. TRIEF: The only caveat is that we've
 23 agreed if the deposition is read at trial in either case
 24 that the parties will just say question and answer as
 25 opposed to indicating in which manner it was or which

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1 lawyer was questioning, because that can be confusing.
 2 Agreed.
 3 MR. TRIEF: Agreed.
 4 MS. SHERER: Agreed.
 5 Q BY MS. SHERER: Okay. Dr. Kam, I think what I
 6 would like to do first is, let me ask you, have you had
 7 your deposition taken before?
 8 A Yes.
 9 Q How many times approximately?
 10 A Three times.
 11 Q Okay. So you probably know the format of how
 12 it goes, but I just want to give a couple of ground rules
 13 so we're clear. If you could just endeavor to answer
 14 audibly for the court reporter. She cannot take down
 15 nods of the head or uh-huh or huh-uhs. That would be
 16 great. If you could also just allow me to finish my
 17 question fully before you answer it, and I'll try not to
 18 interrupt you when you answer.
 19 Is that okay?
 20 A Sure.
 21 Q Okay. If you don't understand a question I'm
 22 asking you, please let me know. And if you answer the
 23 question, I'm going to assume that you understood the
 24 question.
 25 Is that okay?

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1 A Yes.
 2 Q The first thing I would like to do is mark your
 3 CV that you gave us this morning as Exhibit A.
 4 (Defendant's Exhibit A was marked for
 5 identification by the court reporter
 6 and is attached hereto.)
 7 Q BY MS. SHERER: You probably don't need to
 8 refer to it, but I'll give you a copy.
 9 A I have one here (indicating).
 10 Q I'm not going to go through the entire CV. If
 11 you could tell us your professional title and what you do
 12 now.
 13 A What you mean, now or in the past?
 14 Q Now.
 15 A Right now, I'm half time working as
 16 gastroenterologist in my clinic, and half time working at
 17 the practice of Central Health Plan of California,
 18 Central Health MSO, and Physician Health Aid IPA.
 19 Q When did you go into half time working as a
 20 gastroenterologist?
 21 A It's about almost about two years ago.
 22 Q So as a gastroenterologist, can you explain for
 23 a layperson what it is that you specialize in?
 24 A We specialize in anything inside the abdomen,
 25 about the pelvis, which means liver, gallbladder, large

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1 intestine, small intestine, stomach, and that's it.
 2 Q Are you a hepatologist?
 3 A Usually gastroenterologist there is a specialty
 4 called hepatology, okay, which in the fellowship training
 5 program. But that is -- those programs are about two
 6 years, okay, for a regular GI gastroenterology program,
 7 fellowship program, that include hepatology inside, okay?
 8 So regular GI fellowship program is about three years
 9 with hepatology training.
 10 Q Is that the training that you --
 11 A That was the training I received.
 12 Q -- that you received? Thank you. Now, before
 13 becoming a gastroenterologist, what was your position
 14 before that?
 15 A Before that, I was in medical school. I was in
 16 training, in resident training.
 17 Q Okay. And then you were board certified in
 18 gastroenterology?
 19 A Yes, from 1991 to 2001.
 20 Q Okay. So after 2001, you were not board
 21 certified?
 22 A I was not board certified.
 23 Q Okay. But you were still practicing as a
 24 gastroenterologist?
 25 A Yes.

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<p>1 A Okay? And then we want to recheck the liver</p> <p>2 test, liver function test, and return to clinic in one</p> <p>3 month.</p> <p>4 Q One month. Okay. So, let's see, it looks like</p> <p>5 the next thing that happened was the lab test on Page</p> <p>6 143. That was taken that day as well?</p> <p>7 A Yes.</p> <p>8 Q And what did these --</p> <p>9 A The total bilirubin was 2.3. It was normal</p> <p>10 before and now it elevated. The SGOT 32, normal. SGPT,</p> <p>11 now it normal. It was abnormal before. GGTP decreased</p> <p>12 from whatever one hundred -- from 101 to 93, but still a</p> <p>13 little bit above normal.</p> <p>14 Q So, at this point, are these abnormal results?</p> <p>15 A Okay. Except for the total bilirubin, okay?</p> <p>16 The only abnormal I can see is GGTP, which is slightly</p> <p>17 elevated. The reason why I said totally bilirubin was</p> <p>18 not abnormal lab, because if I look at the -- you have to</p> <p>19 look at the trend of the patient. The blood test later</p> <p>20 on, that came later on, he always had a total elevated</p> <p>21 totally bilirubin, even after the virus was knocked of or</p> <p>22 suppressed, and elevated bilirubin has nothing to do with</p> <p>23 the Hepatitis.</p> <p>24 Q Okay.</p> <p>25 A Okay? He probably has what we call Gilbert</p> <p style="text-align: right;">Page 29</p>	<p>1 quantitative.</p> <p>2 Q Okay. Going back to Exhibit B, page 101, it</p> <p>3 looks like the next visit is December 12, 1998. Could</p> <p>4 you tell us what your note says there?</p> <p>5 A That was my notes, my nurse note refill, just</p> <p>6 refill the Alpha-Interferon for five viles.</p> <p>7 Q Which is your nurse's note, in the middle</p> <p>8 there?</p> <p>9 A In the middle.</p> <p>10 Q What about on the top, that looks like your</p> <p>11 handwriting, right?</p> <p>12 A Which one?</p> <p>13 Q December 12.</p> <p>14 A December 12, yeah December 12 was mine.</p> <p>15 Q Okay. And it looks like it says he's on</p> <p>16 Alpha-Interferon since 10/3/98.</p> <p>17 A 10/3/98. Hepatitis B Virus, E Antigen change</p> <p>18 from positive to negative. Liver function test on 11/14</p> <p>19 SGOT was normal, GTTP 93. Recommendation: Liver</p> <p>20 function test and other CBC; number two, Hepatitis Virus,</p> <p>21 Hepatitis B Virus, E Antigen, Hepatitis B Virus, DNA</p> <p>22 quantitative, and mail the result to patient.</p> <p>23 Q Okay. Now, then the next note is from your</p> <p>24 nurse saying she refilled the Interferon --</p> <p>25 A Yes.</p> <p style="text-align: right;">Page 31</p>
<p>1 Syndrome G-I-L-B-E-R-T Syndrome, which is inherited</p> <p>2 problem of elevated total bilirubin. It has nothing to</p> <p>3 do with the infection. This disease, a lot of people</p> <p>4 have that, it get passed to the kid. There's no damage,</p> <p>5 no harm to the liver.</p> <p>6 Q Okay.</p> <p>7 A And then the total bilirubin always stay around</p> <p>8 between the normal bilirubin is usually less than 1, this</p> <p>9 patient bilirubin is around 1 to 2.5, something like that</p> <p>10 always less than 2.5. When they get stressful, it goes</p> <p>11 up.</p> <p>12 Q Okay.</p> <p>13 A Okay. It has nothing to do with Hepatitis, it</p> <p>14 not have anything to do with the life span, okay?</p> <p>15 Q Okay. So for this test, then, for November 14,</p> <p>16 the only abnormal result here --</p> <p>17 A Would be GGTP.</p> <p>18 Q Okay.</p> <p>19 A Now, GGTP is very sensitive. Indicate if</p> <p>20 you're doing, like drink a glass of wine the night</p> <p>21 before, the blood test, it will go up it's so sensitive.</p> <p>22 Q Okay. Now, could you tell us what your</p> <p>23 handwriting is on the bottom right of Page 143?</p> <p>24 A Okay. Need to retest the Hepatitis B Virus,</p> <p>25 E Antigen, and one should check the Hepatitis B DNA</p> <p style="text-align: right;">Page 30</p>	<p>1 Q -- prescription? Okay. It looks like the next</p> <p>2 tests occurred on December 15, 1998, Exhibit C, Page 141</p> <p>3 and 142.</p> <p>4 A So 141, the Hepatitis B Virus, DNA was normal,</p> <p>5 remember it was like 661 picograms before.</p> <p>6 Q Okay. And now it's less than 2.5?</p> <p>7 A Yes. That's normal. And then Hepatitis B,</p> <p>8 E Antigen was again not detected, that was in 142.</p> <p>9 Q Okay. Again, just so I understand, not</p> <p>10 detected does that mean inactive?</p> <p>11 A Okay. Not detected, it -- you look at the</p> <p>12 result, that means inactive.</p> <p>13 Q Okay.</p> <p>14 A But it depends on what you call not detected,</p> <p>15 okay? There is a certain limit in the -- this is</p> <p>16 quantitative. You measure it from whatever, one virus in</p> <p>17 ten million, one virus in hundred million, okay? There's</p> <p>18 a limit that all tests can do, okay? But this is, from</p> <p>19 the test results, we don't see any virus in the blood.</p> <p>20 Q Okay.</p> <p>21 A So we interpret this as inactive.</p> <p>22 Q Okay.</p> <p>23 A Okay?</p> <p>24 Q All right. Next we have January 9, 1999 visit</p> <p>25 on Page 101. It looks like you're noting the results we</p> <p style="text-align: right;">Page 32</p>

1 I don't trust the result. If you are telling me this is
 2 one million, then I may say it is active? But if you're
 3 telling me 2000, the normal is less than 2000, this guy
 4 is 2,500, forget about it. I'm not going to believe
 5 that. Because you are going from one hundred million
 6 down to that point, okay?
 7 Q Okay.
 8 A That's why I tell you to determine the active
 9 or inactive you cannot look at one number, you have to
 10 look at everything together.
 11 Q Okay. We'll do that in a moment after I'm done
 12 with these records. I would like to look at the chart
 13 you prepared next. Going back to Page 93, after July 12,
 14 2003, it looks like, on July 28, they mailed the test
 15 results to the patient.
 16 A Okay.
 17 Q And then he met with you again on?
 18 A February 7.
 19 Q 2004.
 20 A That's a long time.
 21 Q So it looks like more or less six months?
 22 A Yes. So he come back for followup for
 23 Hepatitis B. You know, when I ask patient to come back
 24 six months, that means they are stable. I don't really
 25 want to see them. I mean, I don't have a concern about

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1 that his Hepatitis is active. If his Hepatitis is
 2 active, he need to come back every few months, couple
 3 months or three months, okay?
 4 Q Okay.
 5 A So followup for Hepatitis B, physical
 6 examination, HEENT, head eye, examine the head, eye, ear
 7 and throat, was normal, cardiovascular was normal, lung
 8 exam was clear to auscultation, abdomen was normal,
 9 extremity examination was normal.
 10 Q Okay. Recommendation?
 11 A Recommendation: E Antigen again, Hepatitis B
 12 Virus DNA, ultra-quantitative, SMA 24 which check
 13 cholesterol and different things, CBC and urinalysis;
 14 then number two is ultrasound of the abdomen; and then
 15 number three, check blood pressure.
 16 Q Okay.
 17 MR. ROONEY: Where's the date here?
 18 Q BY MS. SHERER: Is that February 7, 2004?
 19 A Yeah. Are we talking about that?
 20 MR. TRIEF: It's here (indicating).
 21 MS. SHERER: It looks like the date is light on
 22 his copy.
 23 MR. TRIEF: You can look at mine.
 24 Q BY MS. SHERER: Okay. Then the next entry is
 25 March 30, 2004. It looks like they -- we have to look at

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1 the --
 2 A The lab report.
 3 Q Let's look at the February lab results. It
 4 looks like on Exhibit C, Page 109 through 113 is the
 5 February 7.
 6 A Okay. Page 109, total bilirubin, again, a
 7 little high, I mean, that go with Gilbert Syndrome, and
 8 liver function test SGOT, GGTP, SGPT, they all normal,
 9 okay? And then you go down to the page, the E Antigen
 10 now is positive after it became negative, okay?
 11 Q Okay.
 12 A And then the second page, 110, the DNA
 13 quantitative was -- let me use the copies, okay, 479
 14 copies per CC, the normal was 160 copy per CC, less than
 15 160 copy per CC.
 16 Q So this is an abnormal result?
 17 A This is an abnormal lab. But what is my
 18 interpretation of this, again, I mean, when you look at
 19 the hundred million, I mean, copies per CC to start with,
 20 and then normal is 160 and you are just 479, this is
 21 nothing. If you think this is an activation, then the
 22 fact that the liver function tests are normal, that go
 23 against this, okay? Then the E Antigen, you would say,
 24 okay, the E Antigen is positive, the DNA is now slightly
 25 high, this patient must be activated.

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1 The liver function test does not tell me that,
 2 so you have to look at the whole thing. It's not
 3 impressive to me.
 4 Q But, at this time, did it go from inactive to
 5 active?
 6 A I don't think so.
 7 Q No? You would still call this inactive?
 8 A I still think it's inactive, unless there is a
 9 trend that things are going up --
 10 Q Okay.
 11 A -- in the future.
 12 Q And again, at this point, you still, at all
 13 times, you would still --
 14 A I would consider him as inactive. The fact
 15 that I did not start treatment on him, to my thinking, is
 16 that because there are, after all these ten years, okay,
 17 the treatment of Hepatitis B has evolved from Interferon
 18 to oral pill, where many, three or four different oral
 19 pills taken to suppress the virus, if I consider him as
 20 active activation, I will start the pill.
 21 Q Okay. Now, at this time, at all times before
 22 this, he was a Hepatitis B Virus carrier?
 23 A He is a carrier. There are different kinds of
 24 carriers, some people are healthy carrier, some say not
 25 healthy carrier, which are the ones that carrier with

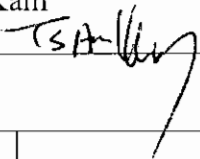
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<p>1 activation, has abnormal liver tests, the infection is 2 ongoing, the destruction process is ongoing. Those we 3 call not healthy carrier. 4 Then the healthy carrier, the virus is 5 inactive, it doesn't destroy the liver cell, the sitting 6 duck there doing nothing. Those patients may have, I 7 mean, E Positive or E Negative, they can have either one. 8 Then there carrier which has a little bit of activity, 9 very slight, I mean, that is maybe measurable, maybe not 10 measurable. So when you say carrier, there's different 11 kinds of carriers. 12 Q Does the age of the patient factor into your 13 analysis? Does his age make a difference to you? 14 A Yes. The age make a difference for me. 15 Because if you are, say, I mean, if you are younger, I 16 tend to be more aggressive in treatment. If you are 17 older, I have to look at you, I mean, if you are sixty 18 years old, you already have Hepatitis B for thirty years, 19 you know that, and then I look at you, you still doesn't 20 have cirrhosis, all Hepatitis, the final outcome is 21 cirrhosis. We don't want cirrhosis. 22 It doesn't matter what Hepatitis. Cirrhosis 23 came from the process of continued destruction of the 24 liver cell. After you destroy the liver cell, then the 25 liver put down, the liver, generally scar tissue, like</p> <p style="text-align: right;">Page 65</p>	<p>1 Q Now, Mr. Lin was thirty four years old at the 2 time of this test? 3 A So I would be very aggressive on this kind of 4 patient. If I suspect that he has active stage, I would 5 treat him. 6 Q Okay. Going back to your notes, Page 93, it 7 looks like the next entry is on March 30, 2004. 8 A Yes. 9 Q The lab results were faxed -- 10 A To the patient. 11 Q -- to the patient? 12 A Yes. 13 Q Backing up to Page 92 now, it looks like your 14 next visit was August 7, 2004. Can you tell us -- 15 A Okay. Hepatitis B Virus infection, status post 16 to Interferon treatment in '98, Hepatitis B Virus DNA, 17 last year was the last one was normal, but on 2/7/04, it 18 was slightly elevated at 282, whatever, liver function 19 test was normal, Hepatitis B, E Antigen flip back from 20 positive to negative, okay, back and forth, platelet 21 count was 233, does not have cirrhosis. Impression: 22 Hepatitis B Virus, DNA is either low titer or normal. 23 Q Low titer? 24 A Yes. 25 Q T-I-T-E-R?</p> <p style="text-align: right;">Page 67</p>
<p>1 fibers, the liver, scar tissue. After you destroy the 2 liver cell, the liver cell --- the liver can generate new 3 liver cell to replace the old one, but during the 4 destruction and regeneration process, the liver produce 5 scar, scar tissue. 6 So as this process goes on for a long time, ten 7 years, twenty years, thirty years, you get more and more 8 scar tissue, and that cause cirrhosis, and with more scar 9 tissue, you have less and less liver cell there, normal 10 liver cell, and then eventually to a point that if your 11 cirrhosis is more than eighty percent, then your normal 12 liver cell cannot substantiate your body function and 13 then you go into liver failure. 14 This process can be very long and different in 15 each people, each person. Some people can take twenty 16 years, thirty years or forty years, with very little 17 changes, some people can progress in ten years. So, I 18 mean, with people who are younger we are more aggressive, 19 with people who are, like, sixty years old, you told me 20 that you have, you know, you have Hepatitis B for thirty 21 years, and then I look at you if you still doesn't have 22 cirrhosis looking at the platelet count or the performing 23 time, if you are fine, I probably won't treat you, 24 because after thirty years you did not progress into 25 cirrhosis. I don't really care.</p> <p style="text-align: right;">Page 66</p>	<p>1 A Yes. Low titer means abnormal is very small. 2 The titer is -- titer, what I mean titer is 479. 3 Q Okay. 4 A The titer is very low. 5 Q And then under that? 6 A Or is it normal? We don't know which one. 7 It's very low, it has a little bit of virus detected, or 8 is it normal? Was it lab error? Was it normal? We 9 don't know. 10 Q And underneath that? 11 A Hmm. 12 Q Underneath? 13 A Underneath is pre-cirrhotic, means he doesn't 14 have any cirrhosis. 15 Q Okay. 16 A Recommendation: CBC, SMA 24, 17 Alpha-Fetoprotein, and Hepatitis A Virus antibody total. 18 Q And then it says, "Mail to patient"? 19 A Mail to patient. 20 Q Okay. So going back to Exhibit C, Page 106 21 through 108, it looks like that's the lab tests that 22 follows. 23 A Okay. Page 106, the Hepatitis, the one I 24 circle is Hepatitis A Antibody was negative, that means 25 he doesn't have protection of Hepatitis A, and he may</p> <p style="text-align: right;">Page 68</p>

<p>1 need the vaccine. On 107, the liver tests are normal 2 except the bilirubin. That's what we checked on 8/7, 3 okay? 4 Q I did skip over one ultrasound. We can go to 5 that now. This is Exhibit D on March 27, 2004. 6 A It was normal. 7 Q And on that March 27, 2004 ultrasound, under 8 clinical history, you indicated Chronic Hepatitis B, 9 correct? 10 A Not me, the radiologist. 11 Q Do you agree with that? 12 A As long as you carry the virus, Hepatitis B 13 Virus, we call you chronic Hepatitis. It deal with the 14 definition. You carry the Hepatitis B Virus because it 15 always Surface Antigen Positive, so we call that chronic 16 Hepatitis. 17 Q Just a few more records I want to go over 18 before we get to your chart. 19 A How come we don't have the record? 20 Q Say that again? 21 A How come we did not have the record, 2005? 22 Q That's what I'm coming to now. I think it just 23 got out of order in my file. 24 A Okay. 25 Q This is December '05.</p> <p style="text-align: right;">Page 69</p>	<p>1 maybe. 2 Q Okay. So it looks like the next visit is 3 really March 12, 2005? 4 A Yes. 5 Q What did you indicate there? Is that your 6 handwriting? 7 A Yes. 8 Q Okay. 9 A Hepatitis B, Hepatitis A Virus, Antibody 10 Negative, okay? 11 Q Yes. 12 A So we need to get the vaccine. He said he had 13 one vaccine on Hepatitis A vaccine on September 2004, so 14 he doesn't generate any antibody for Hepatitis A. 15 Hepatitis B, the DNA quantitative is either low or was 16 normal. I don't know. Normal liver function tests, 17 platelet was 235 K, the E Antigen positive and negative. 18 Q Is the platelet 235 K normal? 19 A It was normal. 20 Q Okay. And then your recommendation? 21 A Liver function tests, check E Antigen, 22 Hepatitis B, E Antibody, B -- Hepatitis B DNA 23 quantitative, Alpha-Fetoprotein, Hepatitis A Antibody 24 total. 25 Q Okay. And then I don't think I have any other</p> <p style="text-align: right;">Page 71</p>
<p>1 MR. TRIEF: I have one, 8/17/04. 2 MS. SHERER: I think we need to go to -- what 3 I'll do now is mark this -- are we up to E, this stack is 4 E, Exhibit E, and it's JH0542 through JH0555. 5 (Defendant's Exhibit E was marked for 6 identification by the court reporter 7 and is attached hereto.) 8 MR. TRIEF: Did you give me a copy of those? 9 I'm missing those. Are these them? 10 MR. ROONEY: That's it. 11 MR. TRIEF: Tell me again so I can follow. 12 MS. SHERER: Exhibit E will be JH0542 through 13 0555. 14 MR. TRIEF: Okay. Thank you. 15 Q BY MS. SHERER: This appears to be -- 16 MR. ROONEY: Would you repeat the numbers. 17 MS. SHERER: JH0542 through 0555, and I believe 18 these are the continuation of your notes. 19 THE WITNESS: Yes. 20 Q BY MS. SHERER: It looks like, then, we have 21 March -- if we look at Page 555, starting from the back, 22 the next visit is March 5, 2005? I'm not sure because it 23 says, "Error." Do you know what that means? 24 A I don't know. Maybe somebody else come in, 25 review the chart, name is similar, they put a stamp</p> <p style="text-align: right;">Page 70</p>	<p>1 labs. I think we just go to the next. We already looked 2 at 106 for August. It doesn't seem like I have any other 3 labs. 4 MR. ROONEY: There is one, 3/12/05. You don't 5 have that in your packet? 6 MS. SHERER: No. We can use yours and copy it. 7 THE WITNESS: I don't think you have the lab 8 in, okay. 9 MS. SHERER: It looks like he has -- do you 10 have them continuing through 2005? 11 MR. ROONEY: Yes. 12 MS. SHERER: Let's mark them as one exhibit. 13 Is this everything? 14 MR. ROONEY: Yes. 15 MS. SHERER: Okay. So we'll make this Exhibit 16 F. 17 (Defendant's Exhibit F was marked for 18 identification by the court reporter 19 and is attached hereto.) 20 THE WITNESS: Everybody has it? 21 MS. SHERER: No. But I'll hand it to you. 22 MR. TRIEF: Do you want to make a copy and we 23 can follow now? 24 MS. SHERER: Okay. 25 THE WITNESS: Let me see if that's what I have.</p> <p style="text-align: right;">Page 72</p>

<p>1 MS. SHERER: That should be the rest of them, 2 the rest of the labs. 3 MR. ROONEY: Yes. 4 THE WITNESS: Okay. So wait for a moment, 5 okay? 6 (A brief recess was taken.) 7 Q BY MS. SHERER: Where we left off was March 12, 8 2005. We were reading your progress notes. Now we'll 9 take a look at Exhibit F and the lab tests that follow, 10 which looks like it's JH573 through 575. 11 A Okay. JH573, liver tests were normal, except 12 the total bilirubin. The E Antigen was negative, the E 13 Antibody was also negative. The Hepatitis B DNA was 14 normal. The Hepatitis A Antibody was negative. That's 15 also for JH574 and JH575. 16 Q Okay. Going back to Exhibit E, Page 555, 17 September 3, 2005 is the next visit. 18 A Yes. 19 Q What happened there? 20 A Okay. Hepatitis B Virus Surface Antigen, it 21 was positive. Now the Hepatitis B DNA quantitative was 22 normal. Hepatitis B, E Antigen was negative. Hepatitis 23 B, E Antibody was also negative; number two, no Hepatitis 24 A Antibody generate after the vaccination. Remember he 25 had one vaccine before on Hepatitis A. It did not</p> <p style="text-align: right;">Page 73</p>	<p>1 have E Positive, E Negative, E Antibody Positive or E 2 Negative, they have to go through the same followup every 3 six months, okay? Now, I mean, what I'm talking about is 4 the possibility that the one with E Antibody Positive has 5 less chance of flipping back to E Antigen Positive, 6 compared to the one E Antibody Negative has a little bit 7 higher chance than flipping back to E antigen positive. 8 Q And that was the case for Mr. Lin? 9 A This is the case, okay? 10 Q Okay. 11 A Now, we are talking about possibility here. We 12 don't know, okay? Even it flip back to E Antigen 13 positive it does not mean that he is activate, okay? I 14 mean, as long as his liver test is normal, as long as his 15 DNA is normal, he's still in an inactive state, okay? 16 Q How does his age factor into this analysis to 17 you? 18 A At this point, his age, okay, he doesn't 19 require treatment at this point, okay? Because I 20 consider him as an inactive stage. For those people, we 21 just monitor them, I mean, every six months, sometimes 22 every three months, it depend on who you talk to, okay? 23 My way is every six months to see if there's any chance 24 of an activation in the future, okay? Whether this 25 person will be activated in the future or stay inactive</p> <p style="text-align: right;">Page 75</p>
<p>1 generate antibodies. Impression: Hepatitis B Virus, 2 patient switching from E Positive to E Negative without 3 producing E Antibody. 4 Q What does that mean? 5 A Okay. Again, that you have go back to what 6 Hepatitis B carrier is, as I told you the different kind 7 of Hepatitis B carrier, okay? You can have a Hepatitis E 8 positive carrier or E negative carrier, of the E negative 9 carrier, you can have the one which has an E antibody 10 positive or E antibody negative, okay? I mean, the 11 different kind, and everyone of those carrier can have 12 normal liver test, can have normal DNA. 13 So I'm trying to classify him as which kind of 14 carrier he has. He's a carrier of E Negative, okay? I 15 don't know about the E Positive, okay? I would classify 16 him as E Negative and normal DNA, normal liver tests, and 17 E Antibody Negative carrier. 18 What does E Antibody Negative mean? It means 19 that this person doesn't generate an antibody against 20 E Antigen. That means this guy can flip back to E 21 easier, more easier than the one with an E Antibody 22 Positive. 23 Q So is that more concerning to you or less 24 concerning or not a concern at all? 25 A It is more -- I mean, it doesn't matter they</p> <p style="text-align: right;">Page 74</p>	<p>1 for the rest of his life, we don't know. No idea. 2 Q Okay. 3 A And we just keep monitoring him. 4 Q Now, we were looking at Page 555, and we were 5 talking about the entry where you wrote patient switches 6 from E positive to negative and back again -- 7 A Uh-huh. 8 Q -- without producing? 9 A Producing E Antibody. 10 Q Okay. Under that, your recommendation? 11 A Ultrasound of abdomen, Alpha-Fetoprotein, liver 12 function test, CBC, and platelet. 13 Q And on the left side it says? 14 MR. ROONEY: That should be redacted because 15 that should not be in his original copy. Somebody at 16 John Hancock wrote that. 17 THE WITNESS: It's not usable? 18 MR. ROONEY: Look at your original, if you have 19 your original copy it shouldn't be on there. 20 THE WITNESS: I don't have that in here. 21 MS. SHERER: Okay. 22 THE WITNESS: Someone wrote that in here. I 23 don't have that in my original copy. 24 Q BY MS. SHERER: Okay. We'll redact that. Now 25 the lab test that goes after this is in Exhibit F, Page</p> <p style="text-align: right;">Page 76</p>

ERRATA SHEET

Plaintiff: Jean Lin
 Defendant: Metropolitan Life Insurance Company
 Date: February 19, 2008
 Name of Witness: Dr. Sam Kam
 Signature: 

Page	Line No.	Error	Correction
7	18	Health Aid	Healthways
7	21	two	four
8	4	in the	is a separated
8	7	that	it also
14	14	oscitation	auscultation
14	19	heptose, no megaly	hepatosplenomegaly
14	22	heart	hard
17	6	is	was
19	18	C	B
19	20	performed in time	prothrombin time
20	22	performing time	prothrombin time
20	23	performing time	prothrombin time
21	6	149	194
21	8	149	194
21	14	morbid	moderate
21	17	performing time	prothrombin time
21	19	as sensitive as the platelet count	not as sensitive as the platelet count
21	20	at that time	the prothrombin time
21	21	morbid	moderate
22	6	mill	ml.

Errata Sheet

Plaintiff: Jean Lin

Defendant: Metropolitan Life Insurance Company

Date: February 19, 2009

Name of Witness: Dr. Sam Kam

Page	Line No.	Error	Correction
22	15	150,	150,000
22	22	quantitative	quantitative test
23	7	thing is whether	thing whether
24	21	PT performed in time	PT
24	22	performed in time 14	prothrombin time 14
28	3	it change from	change from
28	21	emulation	elimination
28	21	B Virus, E Antigen	B Virus E Antigen
28	24	solve	make conclusion with
28	24	one time.	one time result.
30	8	between the normal	between 1 to 3 the normal
30	13	not have	does not have
30	19	Indicate if	If you
30	20	you're doing, like drink a glass	drink a glass
30	21	it will	in the morning will
32	15	limit in the - - this is	limit in the sensitivity this is
32	16	you measure it from whatever, one virus	you measure, one virus
32	18	all	this
37	22	you have a surface	you have a B surface
37	24	Then one is an	A Hepatitis B carrier can be an

Errata Sheet

Plaintiff: Jean Lin

Defendant: Metropolitan Life Insurance Company

Date: February 19, 2009

Name of Witness: Dr. Sam Kam

Page	Line No.	Error	Correction
40	19	Gilbert Syndrome is elevated	Gilbert Syndrome is the elevation
40	23	No.	Nothing to do with Hepatitis B.
45	12	then	it was
46	7	go down	go down or up
52	13	that	the E antigen change
57	19	not	in
57	20	mode	mole
57	20	very small one	very small amount one
58	2	that	would
60	6	elevated SGPT	was that elevated SGPT
60	7	but you	but when you
60	8	it's	he was
60	10	And you check.	And you check again.
60	14 - 16	So I saw this lab, some of this lab, they always different in value, even you have the specimen you send off they give you two different results.	So I saw two laboratories, with the same specimen you send off, they could give you two different results.
60	20	is like at least	is at least
60	20	I mean, a million	I mean, as high as a million
61	4	2,500, forget about it	2,5000, and he was active, forget about it
64	24	say	are

Errata Sheet

Plaintiff: Jean Lin

Defendant: Metropolitan Life Insurance Company

Date: February 19, 2009

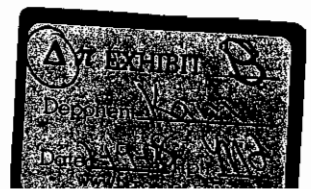
Name of Witness: Dr. Sam Kam

Page	Line No.	Error	Correction
65	3	call not healthy carrier.	call them not a healthy carrier.
65	5	the sitting	the virus sitting
65	7	either one.	either.
65	8	has a little	has the virus with a little
65	9	that is	which
65	9	maybe measurable or maybe not	maybe measurable or maybe not
65	20	cirrhosis, all Hepatitis,	cirrhosis. For all Hepatitis,
65	25	generally	generates
66	1	fibers, the liver, scar tissue.	fibers, scar tissue.
66	21	you if	you and if
66	22	cirrhosis looking	cirrhosis by looking
66	22	performing	prothrombin
82	5	polypoint	polypoid
82	6	lumine	lumen
82	7	prebiopsy	threebiopsy
83	8	Lieu	Lu

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 SACRAMENTO • SAN BERNARDINO • SAN DIEGO • TEMECULA • VICTORVILLE

<p>Lin. Bang Sex M Birthday 8-6-1969 Chart No.</p>	
DATE	PROGRESS NOTES
AUG 07 2004 PPO	<p>HBV - s/p infection 98'</p> <p>HBV-DNA copy 10, 2/7/04 -</p> <p>DNA 282</p> <p>CE75.</p> <p>HBV-eAg (+) → (-)</p> <p>Pit 233K</p> <p>HBV - DNA low titer vs ul</p> <p>pre-infection</p> <p>① HBV-eAg / CBC / SMA 24 / AFP ✓</p> <p>② <u>HAV-Ab total</u> - mic soft</p> <p>8-7-04 HBV</p>

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Name LIN Bang Sex M Birthday 8-6-69 Chart No. _____

DATE	PROGRESS NOTES
JUL 12 2003 P10. Wt.	① HBV Ag ⊕ 12/2 - but turn ⊕ frequently
34345 712.03 9923 782.1 36415 194.8 070.22	② 4.5 bud italy c rack ③ EOLUT, HEP , HBV-DNA uq. mail to pt ④ 2.8% HZ creaming
JUL 28 2003	Mailed 7/21 blood test to pt
FEB 07 2004 P10 2.13.04 38330 070.22 36415 790.4	① Flm for HBV E HCCNT-ue, cv ue ly-cv ue and ue ext ue ② HBV Ag / HBV-DNA uq / sMA uq / col / ur ③ us of abd ④ VBP
MAR 30 2004	faxed 2-7-04 lab to pt 949-756-2770

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Name Lin, Bang Sex M Birthday 08-06-69 Chart No. _____

DATE	PROGRESS NOTES
DEC 23 2002	mailed 12/14/02 lab report to pt. d
FEB 08 2003	WT 172.6 LB 2 shoes BP 90/66 P 72
pre op	① HBV S/P intern 18'
S/P	LT. out
intern	HBV neg ① → ② → ③
X 98	
	① HBV - DNA UQ - mail to pt.
	②
	R.K.
2/28/03	HBV-DNA 0.020 T
	2
MAR 01 2003	mailed 2/19/03 lab report to pt. d.

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Name Lin, Bang Sex M Birthday 08-06-1969 Chart No. _____

DATE

PROGRESS NOTES

MAY 18 2002

BP: 90/74

P: 64

Wt: 175/lbs

ppo m

06/202 5.20.02

99213 070.22

36415 790.4

① HBV ✓ — HBV_eAg → HBV_eAg
 ⊕ ⊖

ly. ① HBV_eAg / HBV_eAg / HBV_eAg — mail to pt
 ⊕

m

MAY 25 2002

mailed 05/18.2 lab report to pt.

ol.

DEC 14 2002

ppo ⊕

HBV — s/p Zoonosis HBV_eAg ⊕ → ⊖ → ⊕

30604 12.14.02

99213 070.22

36415 790.4

no CFTi,

ly. ① CBL / SMP-24 / LT-P / HBV_eAg ✓ — mail to pt
 ⊕

② RT c 6 month

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Name Lin, Bang Sex M Birthday 8-6-1969 Chart No. _____

DATE	PROGRESS NOTES
DEC 15 2001	<p>① HIV — HIV Ag (+) → (-) LFTs</p>
23102/12.17.01 99113 078.22 790.4	<p>B - abd - (-) scw - (-)</p> <p>2nd Clinic HIV screen, 1/4 Interm A</p> <p>1/2 scw LFTs / HIV Ag ✓</p>
DEC 26 2001	<p>mail 12/15 lab report to pt. not</p>

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Name Lin. Bang Sex M Birthday 8-6-1969 Chart No. _____

DATE

PROGRESS NOTES

OCT 07 2000

① CVD-HBV

3774 10.9.2000

99243 070.22
36415 790.4

HBV Ag (+) → (-) → (+) ?

HBV Ag, SMA-7, LFTs. *will to pt*

② RT-PCR

OCT 14 2000 mailed 10/7 blood test report to pt. *Can*

JUL 21 2001

① HBV - HBV Ag (+) → (+)

131

for HLA, mcs

PPO

20173 7.23.01
95323 571.40
790.4

② HBV Ag / HBV Ag / LFTs / SMA-7 / CBC / lipid profile

JUL 28 2001 mailed 7/21-7/23 lab report to pt. *MA*

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Name Lin, Bang Sex M Birthday 8-6-1969 Chart No. _____

DATE

PROGRESS NOTES

JUN 17 2000

DEU - HBVcAg (+)
HBVcAg (+) 2-2F → HBVcAg (+)

6.19.2000

07/03/00
7/10/00

rev: HBVcAg / LFTs / HBVcAg / SAA = 7
top TG / Cholesterol / UA

JUL 03 2000

marked 6/17 lab report to pt

SA

JUL 07 2000

Forwarded the 6/17 Lab report to Orange County Health Dept
Fax # (714) 834-8186 Attn: Annette

A

7/7/00

Fax (949) 756-2770 - the Rx for BUN/Cr

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Name Lin. Bang Sex M Birthday 8-6-1969 Chart No. _____

DATE

PROGRESS NOTES

JUN 17 2000

① EUG - HBV Ag
HBV Ag ② - 2F → HBV Ag ③

6.19.2000

6.19.2000

HBV Ag / LT-PS / HBV Ag / SMA-7
Lg Tg / Cholesterol / UA

JUL 03 2000

marked 6/17 lab report to pt

SA

JUL 07 2000

Forwarded the 6/17 Lab report to Orange County Health Dept
Fax # 714) 834-8186 Attn: Annette

A

7/7/00

Fax (949) 756-2770 - the RX for BUN/Cr

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Name Lin, Bang Sex M Birthday 8-6-68 Chart No. _____

DATE

PROGRESS NOTES

JUL 17 1999

7-19-99 A
 99-14 070.22
 3645 790.4
 @ CLO - HBV Ag → ⊕ → ⊕
 HBV s Ag ⊕

12 = HBV s Ag
 HBV e Ag
 CBC / LFT's

and
 report to pt

JUL 24 1999

mailed 7/2 blood report to pt.

Sam

DEC 18 1999

@ CLO - Cancer

new
 7165 121899
 99-12 070.22
 3645 790.4

3p... CLO

12 LFT's / HBV e Ag / HBV s Ag

JAN 07 2000

mailed 12/18 blood test result to pt.

Carman

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Name Lin, Bang Sex M Birthday 8-6-69 Chart No. _____

DATE _____ PROGRESS NOTES

FEB 06 1999

IMP

PREGNANT

5/10 dZF
x4 months

① CW - HBV - HBV_eAg⁺ → HBV_eAg⁻

HBV-DNA → nl

on dZF tx

99214 070.22
36415 790.4

① CBC / HBV_eAg / HBV_sAg / CFT_s

② RTC 2 months

③ d/c dZF

[Signature]

FEB 11 1999

mailed lab report (2-8-99) to pt.

MAR 27 1999

① CLD - HBV

1532 b.w.99

- HBV_eAg

99213 070.22
790.4

- GGT 70-89 ↑

RTC 3 months

[Signature]

[Signature]

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Name Lin, Baney Sex M Birthday 8-6-69 Chart No. _____
 DATE _____ PROGRESS NOTES

DEC 12 1998

H ① α IF since 10/3/98

981229

HBV Ag $\oplus \rightarrow \ominus$

LFT's 11/6 GPT/GPT-AL GGT-P-93

99213 070.32

3645 790.4

~~MS~~ ① LFT's / CBC

② HBV Ag / HBV-DNA quantitative - wait to pt

(3)

DEC 12 1998

Refilled α IF A 10 min 5 vials

JAN 09 1999

H ① HBV - HBV Ag $\oplus \rightarrow$ HBV Ag \ominus

HBV-DNA - ne

990111

99213 070.0

3645 070.02

Supp. HBV-m intensity

~~MS~~ LFT's / Tbl / cholesterol / CBC

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Name Lin Bang Sex M Birthday 8-6-69 Chart No. _____

DATE

PROGRESS NOTES

OCT 03 1998 Instructed pt for d-I-F self-injection cc.
 9/21 07022
 OCT 08 1998 mail Abdominal Ultrasound to pt.
 AC

OCT 24 1998

981128 H

① d-I-F x 3mc

start

no o/o m

10/3/98

HBV - d-I-F
 continued

9923 07022
 36445 1004

NYC CBC / LETS 1 HBeAg -
 @ d-I-F 3mc

B.L.

NOV 14 1998

H.

① on d-I-F LET = 60T 34/60K 49.

981128

HBV eAg ⊕ ← HBV eAg ⊕

9923 07022
 36445 1004

Key = elimination of HBV eAg

② LETS

③ RTC 1 month

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Name Lin, BonySex MBirthday 8-6-69

Chart No. _____

DATE

PROGRESS NOTES

SEP 19 1998

016673

ELLID

CPI

9/21/98 070.52
36414 790.40① HBV - ↑ ALTs - HBVs Ag⁺/HBV eAg⁺② HBV - DNA Quantitative
PT/PCT

③ Inject to pt

SEP 29 1998

981128

9/23/98 070.52
36414 790.40LBP
PREGNANT

HBV - DNA - 664 pg/ml

ALT - 194

alb - 4.3

PT/PTT - 0

② CLD - HBV active

③ DM 57 abd

④ 2 LF - 1000 720

⑤ Appt - come

B.L.

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PATIENT'S NAME:

Lin, Bang (M)

REFERRAL M.D.

PF#

AGE:

29

SEX:

M

DATE:

SEP 05 1998

HISTORY OF PRESENT ILLNESS

TLETS, MS of abd. ul
Born in TaiwanRisk: ☒ Trauma ☒ Transfusion, ☒ FHx ☒ IBS ☒ HBV.
☒ Acute appendicitis
☒ fatigue

PAST MEDICAL HISTORY

MEDICAL:

SURGERIES:

HOSPITALIZATION:

ALLERGIES:

ULCER DISEASE:

LUNG DISEASE:

ANEMIA:

MEDICATIONS:

LMP:

LIVER DISEASES:

KIDNEY DISEASES:

BLEEDING DISORDER:

HEART DISEASES:

CANCER:

OTHER:

SOCIAL HISTORY:

OCCUPATION:

MARITAL STATUS:

SMOKING:

ETOH:

USA x:

RESIDENCE:

HIV RISK:

FAMILY HISTORY

AGE

AW

LIVER

CA

TB

DM

HTN

HEART DS.

OTHER

FATHER

MOTHER

SIBLING

OTHER

SYMPTOM REVIEW

HEENT

PULMONARY

Hemoptysis, Cough, Sputum

Chest Pain, Night Sweats, Epistaxis

CARDIO VASCULAR:

Dyspnea, Orthopnea, Cyanosis

Chest Pain, Ankle Edema

GI Dysphagia, odynophagia
Nausea, Anorexia, Constipation
diarrhea, Hemorrhoids, Melena
Wt. Loss or Gain
GU Polyuria, Hematuria, Dysuria
Urgency, Vaginal Discharge Bleeding
Dyspareunia, Period
MKS
HEME
CNS

Endocrine

PHYSICAL EXAMINATION: B.P. 150/85 Pulse 80 Temp. _____ Ht. _____ Wt. _____

General Appearance: MPD

Head: nl Eyes: nl

Nose/Ear: nl Throat: nl

Neck: nl Breast: nl

Lungs: crack

Heart: nl

Abdomen: nl

Liver: nl ; NO HSM

Rectum: _____ Prostate: _____ OB _____

GU: _____

Ext: nl

Neuro: nl

Stigmata of Chronic Liver Disease: _____

Remarks: _____

ASSESSMENT:

016672

① T LFTS

1/12/98

② HBV - carrier

9901 0702

8645X

PLAN:

99201 99241 ① LFTS / CBC / HBVs Ag / HBV e Ag / HCV - Ab

99202 99242 Paracetamol / ANA / AMA / ASMA / ALP

99203 99243 ② medical Record from David Hsu

99204 99244 ③ HCE 2ml

99205 99245

CBC	SMA24	UA	ESR	HYPOTFT	HYPER TFT	ANEMIA	ANA	HIV	ANA PANEL
AMYLASE	LIPASE	PT	PTT	STOOL C/S	STOOL O/P	UA C/S	AFP	LFT	
HB SURFACE Ag		HB SURFACE Ab		HB CORE Ab TOTAL		HB CORE Ab IgM		HEP C Ab	

C

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
Diamond Bar, CA 91765
(909) 861-6966 • (800) 228-2789

TESTORS AND PATHOLOGISTS: HAO NGUYEN, M.D. • EDWARD M. LAI, M.D.

ACCT 798
MED. CLI. OF GI & ENDOSCOPY
SAM KAM, M.D.
17170 COLIMA ROAD #E
HACIENDA HTS., CA.
91745 (626) 810-5601

PATIENT NAME: LIN, BANG
SEX: M
DATE OF BIRTH: 08/06/69
DATE COLLECTED: 08/07/04
TIME COLLECTED: 00:00
DATE RECEIVED: 08/07/04
DATE REPORTED: 08/11/04
ACCESSION NUMBER: 240802582
REFERRING PHYSICIAN: DR. KAM
REPORT STATUS: FINAL REPORT

TEST NAME	RESULT	OUT OF RANGE	UNITS	REFERENCE RANGE
RED CELL DIST. WIDTH	12.2		%	11.0-15.0
MEAN PLATELET VOLUME	7.2	L	fL	7.4-11.0
GRANULOCYTES	53.4		%	43.0-79.0
LYMPHS	37.0		%	13.0-43.5
MONOS	6.7		%	0.0-12.0
EOS	1.5		%	0.0-6.0
BASOS	1.4		%	0.0-2.0
HEPAT. A Ab/TOTAL/BLOOD	NEG	U		NEGATIVE
ALPHA FETO PROTEIN	1.7		IU/ML	0.5-5.5

SEE ATTACHED REPORT

THE REAPPEARANCE OF ELEVATED AFP CONCENTRATIONS IN ADULT SERUM HAS BEEN OBSERVED DURING PREGNANCY AND WITH SEVERAL BENIGN AND MALIGNANT DISEASES. SUCH AS TERATOCARCINOMAS OF THE TESTIS AND HEPATOCELLULAR CARCINOMA, OVARIEN CANCER, GASTROINTESTINAL CANCER AND PULMONARY CANCER. AFP IS ELEVATED IN ACUTE VIRAL HEPATITIS, CHRONIC ACTIVE HEPATITIS AND CIRRHOSIS, PREGNANCY, ATAXIA - TELANGIECTASIA AND HEREDITARY TYROSINEMIA. PRINTED NORMAL RANGES ARE NOT VALID FOR PREGNANT FEMALE. TEST PERFORMED BY IMMUNOCHEMILUMINESCENT ASSAY.

U=PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

AUG 13 2004

PAGE: 2

End of Report
All normal ranges in this laboratory report have been established for adults.



DIAMOND REFERENCE LABORATORY

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DIRECTORS AND PATHOLOGISTS: HAO NGUYEN, M.D. • EDWARD M. LAI, M.D.

ACCT 798
MED. CLI. OF GI & ENDOSCOPY
SAM KAM, M.D.
17170 COLIMA ROAD #E
HACIENDA HTS., CA.
91745 (626) 810-5601

PATIENT NAME LIN, BANG PATIENT ID ACCESSION NUMBER 240802582
AGE 35 Y SEX M DATE OF BIRTH 08/06/69 DATE COLLECTED 08/07/04 TIME COLLECTED 00:00 DATE RECEIVED 08/07/04 DATE REPORTED 08/11/04
REFERRING PHYSICIAN: DR. KAM REPORT STATUS: FINAL REPORT

TEST NAME	RESULT	OUT OF RANGE	UNITS	REFERENCE RANGE
GLUCOSE FASTING.	115		MG/DL	74-118
BUN (BLOOD UREA NITROGEN)	14		MG/DL	8-20
CREATININE, SERUM	1.0		MG/DL	0.7-1.2
BUN/CREATININE RATIO	14			10-30
SODIUM /BLOOD	143		MEQ/L	136-144
POTASSIUM/SERUM	4.1		MEQ/L	3.6-5.1
CHLORIDE, SERUM	105		MEQ/L	101-111
CARBON DIOXIDE	27		MEQ/L	22-32
CALCIUM, SERUM	9.1		MG/DL	8.9-10.3
PHOSPHORUS/BLOOD	2.8		MG/DL	2.4-4.7
URIC ACID/BLOOD	6.1		MG/DL	4.8-8.7
TOTAL PROTEIN	7.4		G/DL	6.1-7.9
ALBUMIN, SERUM	4.3		G/DL	3.5-4.8
GLOBULIN	3.1		MG/DL	2.0-3.5
A/G RATIO	1.4			1.1-2.4
ALKALINE PHOSPHATASE	61		IU/L	38-126
AST (SGOT)	23		IU/L	15-41
ALT (SGPT)	38		IU/L	17-63
LACTIC DEHYDROGENASE LDH	112		IU/L	98-192
BILIRUBIN, TOTAL		1.5 H	MG/DL	0.4-1.2
CHOLESTEROL	154		MG/DL	<200
TRIGLYCERIDE		196 H	MG/DL	<150
HDL CHOL. DIRECT	31		MG/DL	29-71
LDL	84		MG/DL	<130
LDL CHOLESTEROL (CALCULATED) IS NOT VALID WHEN TRIGLYCERIDE LEVEL IS >400 MG/DL.				
VLDL	39		MG/DL	1-40
RISK FACTOR	5.0			
CARDIAC RISK FACTOR:				
BELOW AVERAGE		MALE		FEMALE
AVERAGE		<3.4		<3.3
DOUBLE AVERAGE		<5.0		<4.4
TRIPLE AVERAGE		<9.6		<7.1
		<23.4		<11.0
CPK	86		IU/L	49-397
GAMMA GT (GGTP)	23		IU/L	7-50
IRON	81		UG/DL	45-182
WHITE BLOOD CELL COUNT		3.9 VL	1000/CMM	4.0-11.0
DIFFERENTIAL REVIEWED				
RED BLOOD CELL COUNT	4.65		10 ⁶ /CMM	4.20-6.20
HEMOGLOBIN	15.6		gm/dl	14.0-18.0
HEMATOCRIT	45.7		%	42.0-52.0
MCV	98.3		fL	80-100
MCH	33.6		pg.	27.0-34.0
MCHC	34.1		G/DL	32.0-36.0
PLATELET COUNT	235		1000/CMM	150-440

Continued on Next Page

All normal ranges in this laboratory report have been established for adults.

AUG 13 2004

PAGE: 1

**DIAMOND REFERENCE LABORATORY**

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PHYSICIAN AND PATHOLOGISTS:
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ACCT #: 000000798
MED. CL. OF GI & ENDOSCOPY
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601

ATN PHYS:

PATIENT ID.	AGE	SEX	DATE RECEIVED	DATE REPORTED	ACCESSION NO.
34Y	M	02/07/04	02/16/04	240202482	

LIN, BANG

CHEMISTRY

Glucose 60-111 mg/dl	BUN 7-24 mg/dl	Creatinine 0.5-1.2 mg/dl	BUN/Creatinine Ratio 10-30	Calcium 8.4-10.4 mg/dl	Phosphorus 2.6-4.8 mg/dl	T-Protein 6.4-8.4 g/dl	Albumin 3.5-5.5 g/dl	Globulin 2.0-3.5 g/dl	A/G Ratio 1.1-2.4	T. Bilirubin 0.1-1.2 mg/dl	ALK Phos 23-175 u/l	AST (SGOT) 10-33 u/l
79	16	1.0	16	9.4	3.8	7.5	5.0	2.5	2.0	1.9	70	28

CHEMISTRY

ALT (SGPT) 7-34 u/l	LDH 99-235 u/l	CPK 27-163 u/l	GOTP M 5-41 u/l F 6-34 u/l	Sodium 135-148 meq/l	Potassium 3.5-5.6 meq/l	Chloride 98-112 meq/l	CO ₂ 19-29 meq/l	Uric Acid M 3.0-7.2 mg/dl F 2.4-6.4 mg/dl	Triglyceride 31-237 mg/dl	Cholesterol 132-200 mg/dl	HDL M 32-72 mg/dl F 39-68 mg/dl	LDL <150 mg/dl
34	211	75	30	141	5.2	103	26	7.2	181	147	42	69

CHEMISTRY**THYROID****HEMATOLOGY**

Iron M 46-153 µg/dl F 38-144 µg/dl	UIBC 126-370 µg/dl	TIBC 245-400 µg/dl	TsU (ICMA) 24-35%	T4 Total (ICMA) 4.5-12.5 µg/dl	FTI (calc) 1.1-4.5	Ts Total (ICMA) 72-170 ng/dl	TSH (ICMA) Euthy: 0.4-4 µU/ml Hypo: <0.01 µU/ml	RPR Non-Reactive	Rheumatoid Factor 1:20 Negative	ANA Latex Negative	Sed. Rate M 0-10 mm/hr F 0-20 mm/hr	Platelet Cl. 150-440
85												233

HEMATOLOGY

HGB M 14-18 gm/dl F 12-16 gm/dl	Hct M 42-52 % F 37-47 %	RBC M 4.2-5.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	MCV 80-100 µ ³	MCH 27-34 µg	MCHC 32-36 gm/dl	WBC 4.0-11.0 X 10 ⁹	Poly 43-70%	Band 0-6%	Lymph 13-43%	Mono 0-12%	Eosin 0-6%	Baso 0-2%
15.8	43.9	4.63	94.7	34.0	35.8	4.4	52.1		40.0	5.6	1.6	0.7

HEMATOLOGY**URINALYSIS**

RDW 11-15%	MPV 7.4-11.0 fl	Sp Gravity 1.005-1.035	Color	Appearance	pH 4.5-7.5	Glucose Negative	Protein Negative	Acetone Negative	Occl. Blood Negative	WBC HPF	RBC HPF	Epithelial LPF
12.2		1.025	YELLOW	CLEAR	7.0	NEG	NEG	NEG	NEG	NEG	NEG	OCC
	7.2											

TEST NAME**RESULT****UNITS****REFERENCE RANGE****CHOLESTEROL****INTERPRETIVE GUIDE FOR CHOLESTEROL**

CUTOFF VALUES RECOMMENDED BY NATIONAL CHOLESTEROL
EDUCATION PROGRAM

DESIRABLE	BORDERLINE	HIGH RISK
CHOLESTEROL <200mg/dL	200-239mg/dL	>240mg/dL
LDL CHOLESTEROL <130mg/dL	130-159mg/dL	>160mg/dL

BILIRUBIN, TOTAL

RESULTS VERIFIED BY REPEAT ANALYSIS.

URINALYSIS:

NITRITE...: NEG

BACTERIA...: NEG

BILIRUB...: NEG

LEUKOCYTE: NEG

AMOUNT:

HEPATITIS Be Ag

POS

U

NEGATIVE

SEE ATTACHED REPORT

PAGE: 1

LABORATORY REPORT

ICMA: Immuno Chemilumino Metric Assay

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

DIAMOND REFERENCE LABORATORY

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ACCT #: 00000798
MED. CL. OF GI & ENDOSCOPY
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601
ATTN: PHYS:

PHYSICIAN AND PATHOLOGISTS:
J. W. YEN, M.D. • EDWARD M. LAI, M.D.

PATIENT I.D.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

34Y M 02/07/04 02/16/04 240202482

J. W. YEN, M.D.

CHEMISTRY

Glucose 80-111 mg/dl	BUN 7-24 mg/dl	Creatinine 0.5-1.2 mg/dl	BUN/Creatinine Ratio 10-30	Calcium 8.4-10.4 mg/dl	Phosphorus 2.5-4.8 mg/dl	T-Protein 6.4-8.4 g/dl	Albumin 3.5-5.5 g/dl	Globulin 2.0-3.5 g/dl	A/G Ratio 1.1-2.4	T. Bilirubin 0.1-1.2 mg/dl	ALK Phos 23-175 u/l	AST (SGOT) 10-33 u/l

CHEMISTRY

ALT (SGPT) 7-34 u/l	LDH 99-235 u/l	CPK 27-163 u/l	GGT M 5-41 u/l F 6-34 u/l	Sodium 135-145 meq/l	Potassium 3.5-5.6 meq/l	Chloride 96-112 meq/l	CO ₂ 19-28 meq/l	Uric Acid M 3.0-7.2 mg/dl F 2.4-6.4 mg/dl	Triglyceride 31-237 mg/dl	Cholesterol 132-200 mg/dl	HDL M 32-72 mg/dl F 39-68 mg/dl	LDL <150 mg/dl

CHEMISTRY**THYROID****SEROLOGY****HEMATOLOGY**

Iron M 48-153 µg/dl F 38-144 µg/dl	U/B/C 126-370 µg/dl	TIBC 245-400 µg/dl	TsU (ICMA) 24-35%	T ₄ Total (ICMA) 4.5-12.5 µg/dl	FTI (calc) 1.1-4.5	T ₃ Total (ICMA) 72-170 ng/dl	TSH (ICMA) Euthyroid 0.4-4 µU/ml Hypo <0.01 µU/ml	RPH Non-Reactive	Rheumatoid Factor 1:20 Negative	ANA Latex Negative	Sed. Rate M 0-10 mm/hr F 0-20 mm/hr	Platelet Ct. 150-440

HEMATOLOGY

HGB M 14-18 gm/dl F 12-16 gm/dl	Hct M 42-52 % F 37-47 %	RBC M 4.2-6.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	MCV 80-100 µ ³	MCH 27-34 µg	MCHC 32-36 gm/dl	WBC 4.0-11.0 X 10 ³	Poly 43-79%	Band 0-6%	Lymph 13-43%	Mono 0-12%	Eosin 0-6%	Baso 0-2%

HEMATOLOGY**URINALYSIS**

RDW 11-15%	MPV 7.4-11.0 fL	Sp Gravity 1.005-1.035	Color	Appearance	pH 4.5-7.5	Glucose Negative	Protein Negative	Acetone Negative	Occult Blood Negative	WBC HPF	RBC HPF	Epithelial LPF

HEMATOLOGY**RESULT****UNITS****REFERENCE RANGE**

VLDL

36

MG/DL

1-40

RISK FACTOR

3.5

CARDIAC RISK FACTOR:

MALE

FEMALE

BELOW AVERAGE

<3.4

<3.3

AVERAGE

<5.0

<4.4

DOUBLE AVERAGE

<9.6

<7.1

TRIPLE AVERAGE

<23.4

<11.0

HEP B V, DNA ULTRAQUA

NOTE U

HEP B VIRAL DNA 282 H LESS THAN 100 IU/ML

HEP B VIRAL DNA 479 H LESS THAN 160 COPIES/ML

SEE ATTACHED REPORT

PAGE: 2

LABORATORY REPORT

ICMA: Immuno Chemilumino Metric Assay

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

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ACCT #: 000000798
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ROWLAND HEIGHTS, CA 91748
626-810-5601
ATTN: PHYS:

PATIENT I.D. AGE SEX DATE RECEIVED DATE REPORTED ACCESSION NO.
IN, BANG 34Y M 02/07/04 02/16/04 240202482

CHEMISTRY

Glucose	BUN	Creatinine	BUN/Creatinine Ratio	Calcium	Phosphorus	T-Protein	Albumin	Globulin	A/G Ratio	T. Bilirubin	ALK Phos	AST (SGOT)
80-111 mg/dl	7-24 mg/dl	0.5-1.2 mg/dl	10-30	8.4-10.4 mg/dl	2.8-4.8 mg/dl	6.4-8.4 g/dl	3.5-5.5 g/dl	2.0-3.5 g/dl	1.1-2.4	0.1-1.2 mg/dl	23-176 u/l	10-33 u/l

CHEMISTRY

ALT (SGPT)	LDH	CPK	GGT	Sodium	Potassium	Chloride	CO ₂	Uric Acid	Triglyceride	Cholesterol	HDL	LDL
7-34 u/l	99-235 u/l	27-183 u/l	M 5-41 u/l F 6-34 u/l	135-146 meq/l	3.5-5.6 meq/l	98-112 meq/l	16-28 meq/l	M 3.0-7.2 mg/dl F 2.4-6.4 mg/dl	31-237 mg/dl	132-200 mg/dl	M 32-72 mg/dl F 39-68 mg/dl	<150 mg/dl

CHEMISTRY**THYROID****OG****HEMATOLOGY**

Iron	UICB	TIBC	TsU (ICMA)	T4 Total (ICMA)	FTI (calc)	Ts Total (ICMA)	TSH (ICMA)	RPR	Rheumatoid Factor	ANA	Sed. Rate	Platelet Cl
M 46-153 µg/dl F 36-144 µg/dl	126-370 µg/dl	245-400 µg/dl	24-35%	4.5-12.5 µg/dl	1.1-4.5	72-170 ng/dl	Euthyroid 0.4-4 µU/ml Hyper >0.01 µU/ml	Non-Floactive	Factor 1:20 Negative	Latex Negative	M 0-10 mm/hr F 0-20 mm/hr	150-440

HEMATOLOGY

HGB	Hct	RBC	MCV	MCH	MCHC	WBC	Poly	Band	Lymph	Mono	Eosin	Neut
M 14-18 gm/dl F 12-16 gm/dl	M 42-52 % F 37-47 %	M 4.2-6.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	80-100 µ ³	27-34 µg	32-38 gm/dl	4.0-11.0 X 10 ⁹	43-78%	0-6%	13-43%	0-12%	0-6%	0-2%

HEMATOLOGY**URINALYSIS**

RDW	MPV	Sp Gravity	Color	Appearance	pH	Glucose	Protein	Acetone	Occult Blood	WBC	RBC	Epithelial
11-15%	7.4-11.0 fl	1.005-1.035			4.5-7.5	Negative	Negative	Negative	Negative	HPF	HPF	LPF

TEST NAME RESULT UNITS REFERENCE RANGE

U-PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

PAGE: 3

LABORATORY REPORT

ICMA: Immuno Chemiluminescent Assay

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

ML LIN 00111

LABORATORY REPORT



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(818) 998-7300
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Kenneth Sisco, MD, PhD, Medical Director, Clinical Pathology
Paul Werblake, MD, Medical Director, Anatomic Pathology

FINAL

DIAMOND REFERENCE LAB 59547
470 S. VALLEY VISTA DRIVE #100
DIAMOND BAR, CA 91765 1024

UNILAB

REGISTRATION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

02/07/2004

DRAW TIME

NOT GIVEN

CHART/OTHER ID

NAME
LIN, BANG

AGE
34

SEX
M

PATIENT ID
240202482

PROVIDER

-

SUPV. M.D.

RECEIVED

REPORTED

SPEC. NO.

02/10 02142004

409530439

TEST NAME	RESULT	OUT OF RANGE	REFERENCE	UNITS	LOC
HEPATITIS B DNA, QUANTITATIVE PCR					
HEPATITIS B VIRAL DNA		282 H	LESS THAN 100IU/mL		NC
HEPATITIS B VIRAL DNA		479 H	LESS THAN 160copies/mL		NC

This test was developed and its performance characteristics determined by Quest Diagnostics Nichols Institute. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

This test is performed pursuant to a license agreement with Roche Molecular Systems, Inc.

(NC) Test performed at: Nichols Institute
33608 Ortega Hwy
San Juan Capistrano, CA 92690

Directors: D.A. Fisher, MD, R.E. Reitz, MD

FIRST FINAL REPORT DATE: 02/14/2004 AT 5:15PM

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 02/07/2004 - REPORTED DATE: 02/14/2004

FORMS FREE W/O CHEM (REV. 09/03) 80219 SC2K - 12957

ML LIN 00112

LABORATORY REPORT



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(818) 998-7300
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FINAL

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UNILAB

ADDITION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

02/07/2004

DRAW TIME

NOT GIVEN

CHART/OTHER ID

PATIENT NAME
LIN BANG

AGE

SEX

PATIENT ID

34

M

240202482

PROVIDER

-

SUPV. M.D.

RECEIVED

02/10

REPORTED

02102004

SPEC. NO.

409530438

TEST NAME

RESULT

OUT OF RANGE

REFERENCE

UNITS

LOC

Hepatitis Be Ag

POSITIVE

NEGATIVE

FIRST FINAL REPORT DATE: 02/10/2004 AT 4:11PM

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 02/07/2004 - REPORTED DATE: 02/10/2004

FORMS-FREE W/O CHEM (REV. 09/03) 80219 SC2K - 129575

ML LIN 00113



DIAMOND REFERENCE LABORATORY

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PHYSICIAN AND PATHOLOGISTS:
DR. NGUYEN, M.D. • EDWARD M. LAI, M.D.

ACCT #: 000000798
MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-610-5601
ATTN: PHYSICIAN DR. KAM

PATIENT I.D. AGE SEX DATE RECEIVED DATE REPORTED ACCESSION NO.
LIN, BANG 33Y M 07/12/03 07/21/03 230704045

CHEMISTRY

Glucose	BUN	Creatinine	BUN/Creatinine Ratio	Calcium	Phosphorus	T-Albumin	Albumin	Globulin	A/G Ratio	T. Bilirubin	Alk Phos	AST (SGOT)
70-105 mg/dl	11-37 mg/dl	0.5-1.2 mg/dl	10-30	8.5-10.5 mg/dl	2.7-4.5 mg/dl	6.0-8.2 g/dl	3.5-5.2 g/dl	2.0-3.5 g/dl	1.1-2.4	0.2-1.0 mg/dl	<138 u/l	5-34 u/l
						7.6	5.0	2.6	1.9		75	26
										3.1		

CHEMISTRY

ALT (SGPT)	LDH	CPK	GGT	Sodium	Potassium	Chloride	CO ₂	Uric Acid	Triglyceride	Cholesterol	HDL	LDL
10-35 u/l	100-210 u/l	M 38-174 u/l F 25-140 u/l	M 11-57 u/l F 8-38 u/l	135-145 meq/l	3.6-5.7 meq/l	98-112 meq/l	22-29 meq/l	M 3.5-7.2 mg/dl F 2.6-6.0 mg/dl	M 44-327 mg/dl F 38-214 mg/dl	<200-240 mg/dl	M 34-88 mg/dl F 39-68 mg/dl	<150 mg/dl
44												

CHEMISTRY

THYROID

HEMATOLOGY

Iron	UICB	TIBC	TsU (ICMA)	T4 Total (ICMA)	FTI (calc)	T3 Total (ICMA)	TSH (ICMA)	RPR	Rheumatoid Factor	ANA	Sed. Rate	Platelet Cl.
M 65-170 µg/dl F 50-170 µg/dl	126-382 µg/dl	245-400 µg/dl	24-35%	4.5-12.5 µg/dl	1.1-4.5	72-170 ng/dl	0.01-0.4 µU/ml Hypo: <0.01 µU/ml	Non-Reactive	Factor 1:20 Negative	Latex Negative	M 0-10 mm/hr F 0-20 mm/hr	150-440

HEMATOLOGY

HGB	Hct	RBC	MCV	MCH	MCHC	WBC	Poly	Band	Lymph	Mono	Eosin	Baso
M 14-18 gm/dl F 12-16 gm/dl	M 42-52 % F 37-47 %	M 4.2-6.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	80-100 µ ³	27-34 µg	32-36 gm/dl	4.0-11.0 X 10 ³	43-79%	0-8%	13-43%	0-12%	0-6%	0-2%

HEMATOLOGY

URINALYSIS

RDW	MPV	Sp Gravity	Color	Appearance	pH	Glucose	Protein	Acetone	Occult Blood	WBC	RBC	Epithelial
11-15%	7-11 fL	1.005-1.035			4.5-7.5	Negative	Negative	Negative	Negative	HPF	HPF	LPF

TEST NAME RESULT UNITS REFERENCE RANGE

BILIRUBIN, TOTAL ALL CHEMISTRY ABNORMAL RESULTS VERIFIED BY REPEAT ANALYSIS.

BILIRUBIN, DIRECT 0.6 H MG/DL 0.0-0.3

HEP B V, DNA ULTRAQUA NOTE U
<200 LESS THAN 200 COPIES/ML
SEE ATTACHED REPORT

U-PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

*Copy to pt
Report is not
detectable*

LABORATORY REPORT

ICMA: Immuno Chemilumino Metric Assay

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

ML LIN 00114

LABORATORY REPORT



Unilab Corporation
18408 Oxnard
Tarzana, CA 91356
(818) 996-7300
So. Ca. (800) 339-4299
www.unilab.com

Medical Director and Pathologist
Paul T. Wartke, M.D.

FINAL

DIAMOND REFERENCE LAB 59547
1270 S. VALLEY VISTA DRIVE #100
DIAMOND BAR, CA 91765 1024

UNILAB
REGISTRATION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

07/14/2003

DRAW TIME

NG

CHART/OTHER ID

PATIENT NAME
LIN BANG

AGE SEX PATIENT ID
33 M 230704045

PROVIDER
-

SUPV. M.D.

RECEIVED

REPORTED

SPEC. NO.

07/14 07192003

404647353

TEST NAME RESULT OUT OF RANGE REFERENCE UNITS

HEPATITIS B DNA, QUANTITATIVE PCR
HEPATITIS B VIRAL DNA (200

This test uses PCR to quantitate HBV DNA. Assay linear range is
200 to 500,000,000 copies/mL. 1 picogram/mL = 280,000 copies/mL.

LESS THAN 200copies/mL NC

This test was developed and its performance characteristics
determined by Quest Diagnostics Nichols Institute. It has not
been cleared or approved by the U.S. Food and Drug
Administration. The FDA has determined that such clearance or
approval is not necessary. Performance characteristics refer to
the analytical performance of the test.

This test is performed pursuant to a license agreement with Roche
Molecular Systems, Inc.

(NC) TEST PERFORMED AT: NICHOLS INSTITUTE
33608 ORTEGA HWY.
SAN JUAN CAPISTRANO, CA 92690

FIRST FINAL REPORT DATE: 07/19/2003 AT 7:13AM

FORMS-FREE W/O CHEM (REV. 07/02) 80218

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 07/14/2003 - REPORTED DATE: 07/19/2003

ML LIN 00115

LABORATORY REPORT



Unilab Corporation
16408 Oxnard Street
Tarzana, CA 91356
(818) 896-7300
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Medical Director and Pathologist
Paul T. Wartke, M.D.

FINAL

DIAMOND REFERENCE LAB 59547
170 S. VALLEY VISTA DRIVE #100
DIAMOND BAR, CA 91765 1024

UNILAB

ACQUISITION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

02/19/2003

DRAW TIME

NG

CHART/OTHER ID

NAME
BANGAGE
33SEX
MPATIENT ID
230205901PROVIDER
-

SUPV. M.D.

RECEIVED
02/19REPORTED
02272003SPEC. NO.
400317041

TEST NAME RESULT OUT OF RANGE REFERENCE UNITS LOC

HEPATITIS B VIRAL DNA QUANT - NI

HEPATITIS B DNA

0.020 H

(0.017

pg/mL

HEPATITIS B DNA

5660 H

(4700

copies/ml

The reportable range of quantitation of this assay is 0.017-6000 pg/mL, which is 4700-1,700,000,000 copies/mL. Results in pg/mL are multiplied by 283,000 copies/pg to convert to results in copies/mL.

HBV DNA is not to be used as a diagnostic procedure without confirmation of the diagnosis by other medically established means.

This test was performed using a kit that has not been approved or cleared by the FDA. The analytical performance characteristics of this test have been determined by Quest Diagnostics Nichols Institute. This test should not be used for diagnosis without confirmation by other medically established means.

FIRST FINAL REPORT DATE: 02/27/2003 AT 2:42AM

FORMS-FREE W/O CHEM (REV. 07/02) 80219

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 02/19/2003 - REPORTED DATE: 02/27/2003

ML LIN 00116

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
Diamond Bar, CA 91765
(909) 861-6966 • (800) 228-2789

PHYSICIAN AND PATHOLOGISTS:
JIN SUYEN, M.D. • EDWARD M. LAI, M.D.

ACCT #: 0000798
MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601
ATTN: PHYS: DR. KAM

PATIENT I.D.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

33Y M 02/19/03 02/27/03 230205901

JIN, BANG

CHEMISTRY

Glucose 70-105 mg/dl	BUN 11-37 mg/dl	Creatinine 0.5-1.2 mg/dl	BUN/Creatinine Ratio 10-30	Calcium 8.5-10.5 mg/dl	Phosphorus 2.7-4.5 mg/dl	T-Prottein 6.0-8.2 g/dl	Albumin 3.5-5.2 g/dl	Globulin 2.0-3.5 g/dl	A/G Ratio 1.1-2.4	T. Bilirubin 0.2-1.0 mg/dl	ALT Phos <136 u/l	AST (SGOT) 5-34 u/l

CHEMISTRY

ALT (SGPT) 10-35 u/l	LDH 100-210 u/l	CPK M 38-174 u/l F 26-140 u/l	GGTP M 11-57 u/l F 8-36 u/l	Sodium 135-145 meq/l	Potassium 3.6-5.7 meq/l	Chloride 98-112 meq/l	CO ₂ 22-29 meq/l	Uric Acid M 3.5-7.2 mg/dl F 2.6-6.0 mg/dl	Triglyceride M 44-327 mg/dl F 38-214 mg/dl	Cholesterol <200-240 mg/dl	HDL M 34-68 mg/dl F 39-68 mg/dl	LDL <150 mg/dl

CHEMISTRY**THYROID****HEMATOLOGY**

Iron M 65-170 µg/dl F 50-170 µg/dl	UIBC 126-382 µg/dl	TIBC 245-400 µg/dl	TsU (ICMA) 24-35%	T4 Total (ICMA) 4.5-12.5 µg/dl	FTI (calc) 1.1-4.5	Ts Total (ICMA) 72-179 ng/dl	TSH (ICMA) Euthyroid 0.4-4 µIU/ml Hypothyroid >0.01 µIU/ml	RPR Non-Reactive	Rheumatoid Factor 1:20 Negative	ANA Latex Negative	Sed. Rate M 0-10 mm/hr F 0-20 mm/hr	Platelet Cl. 150-440

HEMATOLOGY

HGB M 14-18 gm/dl F 12-16 gm/dl	Hct M 42-52 % F 37-47 %	RBC M 4.2-6.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	MCV 80-100 µ ³	MCH 27-34 µg	MCHC 32-36 gm/dl	WBC 4.0-11.0 X 10 ³	Poly 43-79%	Band 0-8%	Lymph 13-43%	Mono 0-12%	Eosin 0-6%	Baso 0-2%

HEMATOLOGY**URINALYSIS**

RDW 11-15%	MPV 7.4-11.0 fl	Sp Gravity 1.005-1.035	Color	Appearance	pH 4.5-7.5	Glucose Negative	Protein Negative	Acetone Negative	Occult Blood Negative	WBC HPF	RBC HPF	Epithelial LPF

TEST NAME**RESULT****UNITS****REFERENCE RANGE**

HEP B VIRUS DNA ULTR

NOTE

U

PG/ML

HEPATITIS B DNA

0.020

PG/ML

HEPATITIS B DNA

5660

COPIES/ML

SEE ATTACHED REPORT

*Consider
Spur 21*

U-PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

copy to pt

3月11日

自高了一共, 53

MAR 01 2003

继续

LABORATORY REPORT

PAGE

*** END OF REPORT ***

ICMA: Immuno Chemilumino Metric Assay

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

ML LIN 00117

Unilab Corporation
18408 Oxnard
Terzana, CA 9
(818) 896-7300
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Medical Director and Pathologist
Paul T. Wertlake, M.D.

DIAMOND REFERENCE LAB 59547
70 S. VALLEY VISTA DRIVE #100
DIAMOND BAR, CA 91765 1024

UNILAB

FINAL

POSITION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

DRAW TIME

CHART/PATIENT ID

12/16/2002

NG

AGE SEX SOCIAL SECURITY #
33 M 221205042

PROVIDER

SUPV. M.D.

RECEIVED

REPORTED

SPEC. NO.

12/16

12172002

77253657

TEST NAME
Hepatitis Be Ag

RESULT
NEGATIVE

OUT OF RANGE

REFERENCE
NEGATIVE

UNITS

LOC

FIRST FINAL REPORT DATE: 12/17/2002 AT 1:33PM

FORMS-FREE W/O CHEM (REV. 08/01) 80210

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 12/16/2002 REPORTED DATE: 12/17/2002

ML LIN 00118

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
Diamond Bar, CA 91765
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ACCT #: 0000798
MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601
ATN PHYS: KAM

PHYSICIAN AND PATHOLOGISTS:
GIVEN, M.D. • EDWARD M. LAI, M.D.

PATIENT ID.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

LIN, BANG

33Y

M

12/14/02

12/18/02

221205042

CHEMISTRY

Glucose 69-111 mg/dl	BUN 7-23 mg/dl	Creatinine M 0.6-1.4 mg/dl F 0.6-1.0 mg/dl	BUN/Creatinine Ratio 10-30	Calcium 8.4-10.4 mg/dl	Phosphorus Adult 2.5-3.5 mg/dl Child 4-7 mg/dl	T-Protein 6.6-8.4 g/dl	Albumin 3.6-5.4 g/dl	Globulin 2.0-3.5 g/dl	A/G Ratio 1.1-2.4	T. Bilirubin Adult 0.3-1.1 mg/dl Newborn 1-12 mg/dl	ALK Phos Adult 30-110 u/l Child 26-218 u/l	AST (SGOT) 8-34 u/l
100	13	1.1	12	10.2	3.0	8.2	4.8	3.4	1.4		104	19
										2.1		

CHEMISTRY

ALT (SGPT) 9-37 u/l	LDH 94-199 u/l	CPK 16-182	GGT 5-42 u/l	Sodium 135-145 meq/l	Potassium 3.6-5.7 meq/l	Chloride 98-112 meq/l	CO ₂ 19-29 meq/l	Uric Acid M 2.9-7.7 mg/dl F 2.4-7.3 mg/dl	Triglyceride 27-169 mg/dl	Cholesterol 130-210 mg/dl	HDL M 34-68 mg/dl F 39-68 mg/dl	LDL <150 mg/dl
	133	69	28	142	4.6	103	26	6.4	168	193	38	121
42												

CHEMISTRY**THYROID****HEMATOLOGY**

Iron 27-136 mcg/dl	UICB 133-384 mcg/dl	TIBC 245-400 mcg/dl	TsU 24-35%	T4 Total 4.5-12.5 ug/dl	FTI (calc) 1.1-4.5	Ts Total 72-170 ng/dl	TBH μ U/ml Hyp<0.01 ug/ml Euthy 0.4-1.0 ug/ml Hypert 1.1-1.5 ug/ml	RPR Non-Reactive	Rheumatoid Factor 1:20 Negative	ANA Latex Negative	Sed. Rate M 0-10 mm/hr F 0-20 mm/hr	Platelet Cl. 150-440
												284
167												

HEMATOLOGY

HGB M 14-18 gm/dl F 12-16 gm/dl	Hct M 42-52 % F 37-47 %	RBC M 4.2-6.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	MCV 80-100 μ ³	MCH 27-34 μ g	MCHC 32-36 gm/dl	WBC 4.0-11.0 X 10 ⁹	Poly 43-79%	Band 0-8%	Lymph 13-43%	Mono 0-12%	Eosin 0-6%	Baso 0-2%
15.5	46.1	4.93	93.5	31.5	33.6	4.9	56.7		34.5	7.2	1.2	0.4

HEMATOLOGY**URINALYSIS**

R/W 11-15%	MPV 7.4-11.0 f	Sp Gravity 1.005-1.035	Color	Appearance	pH 4.5-7.5	Glucose Negative	Protein Negative	Acetone Negative	Occult Blood Negative	WBC HPF	RBC HPF	Epithelial LPF
12.1	7.4											

TEST NAME**RESULT****UNITS****REFERENCE RANGE**

PHOSPHORUS/BLOOD

PHOSPHORUS NORMAL RANGE FOR CHILD IS 4-7 MG/DL

BILIRUBIN, TOTAL

ALL CHEMISTRY ABNORMAL RESULTS VERIFIED BY
REPEAT ANALYSIS.

DEC 23 2002

ALKALINE PHOSPHATASE

NEW REFERENCE RANGE FOR ALKALINE PHOSPHATASE (18-45
YEARS OLD) 28 - 190 U/L

ALPHA FETO PROTEIN

1.5

IU/ML

0.5 - 5.5

THE REAPPEARANCE OF ELEVATED AFP CONCENTRATIONS
IN ADULT SERUM HAS BEEN OBSERVED DURING PREGNANCY
AND WITH SEVERAL BENIGN AND MALIGNANT DISEASES.
SUCH AS TERATOCARCINOMAS OF THE TESTIS AND HEPATO-
CELLULAR CARCINOMA, OVARIAN CANCER, GASTROINTESTINAL

LABORATORY REPORT

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
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ROWLAND HEIGHTS, CA 91748
626-810-5601
ATN PHYS: KAM

PHYSICIAN AND PATHOLOGISTS:
EDYEN, M.D. • EDWARD M. LAI, M.D.

IN, BANG

PATIENT I.D.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

33Y

M

12/14/02

12/18/02

221205042

CHEMISTRY

Glucose 80-111 mg/dl	BUN 7-23 mg/dl	Creatinine M 0.8-1.4 mg/dl F 0.6-1.0 mg/dl	BUN/Creatinine Ratio 10-30	Calcium 8.4-10.4 mg/dl	Phosphorus Adult 2.4-5.0 mg/dl Child 4-7 mg/dl	T-Protein 6.5-8.4 g/dl	Albumin 3.8-5.4 g/dl	Globulin 2.0-3.5 g/dl	A/G Ratio 1.1-2.4	T. Bilirubin Adult 0.3-1.1 mg/dl Newborn 1-12 mg/dl	ALK Phos Adult 30-110 u/l Child 29-218 u/l	AST (SGOT) 8-34 u/l

CHEMISTRY

ALT (SGPT) 8-37 u/l	LDH 94-198 u/l	CPK 18-182	GGTP 5-42 u/l	Sodium 135-145 meq/l	Potassium 3.8-5.7 meq/l	Chloride 98-112 meq/l	CO ₂ 19-29 meq/l	Uric Acid M 2.9-7.7 mg/dl F 2.4-7.3 mg/dl	Triglyceride 27-199 mg/dl	Cholesterol 130-210 mg/dl	HDL M 34-68 mg/dl F 35-68 mg/dl	LDL <150 mg/dl

CHEMISTRY**THYROID****HEMATOLOGY**

Iron 27-135 mcg/dl	UBC 133-384 mcg/dl	TIBC 245-400 mcg/dl	TaU 24-35%	T4 Total 4.5-12.5 ug/dl	FTI (calc) 1.1-4.5	Ta Total 72-170 ng/dl	TSH, uIU/ml Thyroid 0.4-4.0 uIU/ml Thyroid 0.4-4.0 uIU/ml	RPR Non-Reactive	Rheumatoid Factor 1:20 Negative	ANA Latex Negative	Sed. Rate M 0-10 mm/hr F 0-20 mm/hr	Platelet CL 150-440

HEMATOLOGY

HGB M 14-18 gm/dl F 12-16 gm/dl	Hct M 42-52 % F 37-47 %	RBC M 4.2-5.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	MCV 80-100 µ ³	MCH 27-34 µg	MCHC 32-38 gm/dl	WBC 4.0-11.0 X 10 ³	Poly 43-78%	Band 0-6%	Lymph 13-43%	Mono 0-12%	Eosin 0-6%	Baso 0-2%

HEMATOLOGY**URINALYSIS**

ROW 11-10%	MPV 7.4-11.0 fl	Sp Gravity 1.005-1.035	Color	Appearance	pH 4.5-7.5	Glucose Negative	Protein Negative	Acetone Negative	Occult Blood Negative	WBC HPF	RBC HPF	Epihial LPF

TEST NAME**RESULT****UNITS****REFERENCE RANGE**

CANCER AND PULMONARY CANCER.

AFP IS ELEVATED IN ACUTE VIRAL HEPATITIS, CHRONIC
ACTIVE HEPATITIS AND CIRRHOSIS, PREGNANCY, ATAXIA -
TELANGIECTASIA AND HEREDITARY TYROSINEMIA. PRINTED
NORMAL RANGES ARE NOT VALID FOR PREGNANT FEMALE.

ANALYTICAL SENSITIVITY: 0.2 IU/mL

TEST PERFORMED BY IMMUNOCHEMILUMINESCENT ASSAY

HEPATITIS Be Ag

NEG

U

NEGATIVE

SEE ATTACHED REPORT

VLDL

34

MG/DL

1-40

RISK FACTOR

5.1

DEC 23 2002

CARDIAC RISK FACTOR:

MALE

FEMALE

BELOW AVERAGE

<3.4

<3.3

AVERAGE

<5.0

<4.4

PAGE 2 **LABORATORY REPORT**

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
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(909) 861-6966 * (800) 228-2789

ACCT #: 0000798
MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601
ATN PHYS: KAM

CLINICAL PATHOLOGISTS:
JAY M.D. • EDWARD M. LAI, M.D.

PATIENT I.D.	AGE	SEX	DATE RECEIVED	DATE REPORTED	ACCESSION NO.
N, BANG	33Y	M	12/14/02	12/18/02	221205042

CHEMISTRY

Glucose	BUN	Creatinine	BUN/Creatinine Ratio	Calcium	Phosphorus	T-Albumin	Albumin	Globulin	A/G Ratio	T. Bilirubin	ALT (SGOT)	AST (SGOT)
M 80-110 mg/dl	M 7-23 mg/dl	M 0.6-1.4 mg/dl F 0.6-1.0 mg/dl	10-30	M 8.4-10.4 mg/dl	M 2.4-5.0 mg/dl Child 4-7 mg/dl	M 6.5-8.4 g/dl	M 3.8-6.4 g/dl	M 2.0-3.5 g/dl	M 1.1-2.4	Adult 0.3-1.1 mg/dl Newborn 1-12 mg/dl	Adult 30-110 u/l Child 20-110 u/l	9-34 u/l
N												
AB												

CHEMISTRY

ALT (SGPT)	LDH	CPK	GGT	Sodium	Potassium	Chloride	CO ₂	Uric Acid	Triglyceride	Cholesterol	HDL	LDL
M 37 u/l	M 94-198 u/l	M 18-182	M 5-42 u/l	M 135-145 meq/l	M 3.8-5.7 meq/l	M 98-112 meq/l	M 19-28 meq/l	M 2.9-7.7 mg/dl F 2.4-7.3 mg/dl	M 27-199 mg/dl	M 130-210 mg/dl	M 34-88 mg/dl F 39-68 mg/dl	<150 mg/dl
N												
AB												

CHEMISTRY**THYROID****HEMATOLOGY**

Iron	UIC	TIBC	T ₃ U	T ₄ Total	FTI (calc)	T ₄ Total	TSH, μ U/ml	RPR	Rheumatoid Factor	ANA	Sed. Rate	Platelet Ct.
M 27-135 mcg/dl	M 133-384 mcg/dl	M 245-400 mcg/dl	M 24-36%	M 4.5-12.5 ug/dl	M 1.1-4.5	M 72-170 ng/dl	M 0.1-0.5 uIU/ml F 0.1-0.5 uIU/ml	Non-Reactive	1:20 Negative	Negative	M 0-10 mm/hr F 0-20 mm/hr	150-440
N												
AB												

HEMATOLOGY

HGB	Hct	RBC	MCV	MCH	MCHC	WBC	Poly	Band	Lymph	Mono	Eosin	Base
M 14-18 gm/dl F 12-16 gm/dl	M 42-52 % F 37-47 %	M 4.2-5.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	M 80-100 μ m ³	M 27-34 μ g	M 32-36 gm/dl	M 4.0-11.0 X 10 ³	M 43-79%	M 0-6%	M 13-43%	M 0-12%	M 0-6%	M 0-2%
N												
AB												

HEMATOLOGY**URINALYSIS**

RDW	MPV	Sp Gravity	Color	Appearance	pH	Glucose	Protein	Acetone	Occult Blood	WBC	RBC	Epithelial
M 11-15%	M 7.4-11.0 fl	1.005-1.035			M 4.5-7.5	Negative	Negative	Negative	Negative	HPF	HPF	LPF
N												
AB												

TEST NAME	RESULT	UNITS	REFERENCE RANGE
DOUBLE AVERAGE			<9.6
TRIPLE AVERAGE			<23.4

	<7.1
	<11.0

U-PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

DEC 23 2002

PAGE: 3 *** END OF REPORT ***
LABORATORY REPORT

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

ML LIN 00121

DIAMOND REFERENCE LABORATORY

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ACCT #: 0000798
MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601
ATN PHYS: KAM

PATHOLOGISTS:
M.D. EDWARD M. LAI, M.D.

PATIENT I.D.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

N. BANG

32Y

M

05/18/08

05/23/08

220506510

CHEMISTRY

ALT (U/L)	BUN	Creatinine	BUN/Creatinine	Calcium	Phosphorus	T-Protein	Albumin	Globulin	A/G Ratio	T. Bilirubin	ALT Phos	AST (SGOT)
17 mg/dl	7.23 mg/dl	M 0.8-1.4 mg/dl F 0.6-1.0 mg/dl	Ratio 10-30	8.4-10.4 mg/dl	AdA 2.4-5.8 mg/dl Chd 4.7 mg/dl	6.5-8.4 g/dl	3.8-5.4 g/dl	2.0-3.5 g/dl	1.1-2.4	AdA 0.3-1.1 mg/dl NewBm 1-12 mg/dl	AdA 30-140 u/l Chd 20-218 u/l	8-34 u/l
						7.7	4.6	3.1	1.5		65	18
										1.6		

CHEMISTRY

LDH	CPK	GGT	Sodium	Potassium	Chloride	CO ₂	Uric Acid	Triglyceride	Cholesterol	HDL	LDL
94-199 u/l	18-182	5-42 u/l	135-145 meq/l	3.5-5.7 meq/l	98-112 meq/l	19-29 meq/l	M 2.9-7.7 mg/dl F 2.4-7.3 mg/dl	27-189 mg/dl	130-210 mg/dl	M 34-88 mg/dl F 39-66 mg/dl	<150 mg/dl
30											

CHEMISTRY**THYROID****SEROLOGY****HEMATOLOGY**

Iron	UIBC	TIBC	TaU	T4 Total	FTI (calc)	Ta Total	TSH, uIU/ml	RPR	Rheumatoid	ANA	Sed. Rate	Platelet Ct.
27-135 mcg/dl	133-384 mcg/dl	245-400 mcg/dl	24-35%	4.5-12.5 ug/dl	1.1-4.5	72-170 ng/dl	Hyper-0.44 uIU/ml Hypo-1-27.5 uIU/ml	Non-Reactive	Factor 1:20 Negative	Latex Negative	M 0-10 mm/hr F 0-20 mm/hr	150-440

HEMATOLOGY

HGB	Hct	RBC	MCV	MCH	MCHC	WBC	Poly	Band	Lymph	Mono	Eosin	Baso
M 14-18 gm/dl F 12-16 gm/dl	M 42-52 % F 37-47 %	M 4.2-5.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	80-100 µ ³	27-34 µg	32-36 gm/dl	4.0-11.0 X 10 ⁹	43-70%	0-8%	13-43%	0-12%	0-6%	0-2%

HEMATOLOGY**URINALYSIS**

RDW	MPV	Sp Gravity	Color	Appearance	pH	Glucose	Protein	Acetone	Occult Blood	WBC	RBC	Epithelial
11-15%	7.4-11.0 f	1.005-1.035			4.5-7.5	Negative	Negative	Negative	Negative	HPF	HPF	LPF

TEST NAME

RESULT

UNITS

REFERENCE RANGE

BILIRUBIN, TOTAL

RESULTS VERIFIED BY REPEAT ANALYSIS.

BILIRUBIN, DIRECT

0.3

MG/DL

0.0-0.3

HEP. B SURFACE AG

POS H

NEGATIVE

SPECIMEN FOUND REPEATABLY REACTIVE TO HBs-AG.

ADDITIONAL TEST (NEUTRALIZATION CONFIRMATORY

TEST) IS RECOMMENDED.

HEPATITIS Be Ag

NOTE U

NEGATIVE

HEPATITIS BE AG

POSITIVE

SEE ATTACHED REPORT

PAGE: 1

MAY 25 2008

Copy sent
- Hepatitis e antigen
positive
Liver test normal
repeat blood tests
in 6 months

LABORATORY REPORT

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

ML LIN 00122

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
Diamond Bar, CA 91765
(909) 861-6966 • (800) 228-2789

PHYSICIAN: EDWARD M. LAI, M.D.

ACCT #: 0000798
MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601
ATN PHYS: KAM

BANG

PATIENT I.D.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

32Y

M

05/18/08

05/23/08

220506510

CHEMISTRY

BUN	Creatinine	BUN/Creatinine	Calcium	Phosphorus	T-Prot	Albumin	Globulin	A/G Ratio	T. Bilirubin	ALK Phos	AST (SGOT)
M 7-23 mg/dl	M 0.6-1.4 mg/dl	Ratio 10-30	8.4-10.4 mg/dl	Ad 2.4-5.0 mg/dl Chd 4-7 mg/dl	6.5-8.4 g/dl	3.8-5.4 g/dl	2.0-3.5 g/dl	1.1-2.4	Adult 0.3-1.1 mg/dl Newborn 1-12 mg/dl	Adult 30-140 u/l Child 20-210 u/l	9-34 u/l

CHEMISTRY

LDH	CPK	GGTP	Sodium	Potassium	Chloride	CO ₂	Uric Acid	Triglyceride	Cholesterol	HDL	LDL
M 94-199 u/l	18-182	5-42 u/l	135-145 meq/l	3.6-5.7 meq/l	98-112 meq/l	19-29 meq/l	M 2.9-7.7 mg/dl F 2.4-7.3 mg/dl	27-189 mg/dl	130-210 mg/dl	M 34-88 mg/dl F 39-88 mg/dl	<160 mg/dl

CHEMISTRY**THYROID****SEROLOGY****HEMATOLOGY**

Iron	UIC	TIBC	TsU	T4 Total	FTI (calc)	Ts Total	TSH	RPR	Rheumatoid	ANA	Sed. Rate	Platelet CL
M 50-135 mcg/dl	133-384 mcg/dl	245-400 mcg/dl	24-35%	4.5-12.6 ug/dl	1.1-4.5	72-170 ng/dl	Hypos 0.01 uIU/ml Ethy 0.4-1.0 uIU/ml Hypo 7.1-27.5 uIU/ml	Non-Reactive	Factor 1:20 Negative	Latex Negative	M 0-10 mm/hr F 0-20 mm/hr	150-440

HEMATOLOGY

HGB	Hct	RBC	MCV	MCH	MCHC	WBC	Poly	Band	Lymph	Mono	Eosin	Baso
M 14-18 gm/dl F 12-16 gm/dl	M 42-52 % F 37-47 %	M 4.2-5.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	80-100 µl	27-34 µg	32-38 gm/dl	4.0-11.0 X 10 ³	43-79%	0-8%	13-43%	0-12%	0-6%	0-2%

HEMATOLOGY**URINALYSIS**

RDW	MPV	Sp Gravity	Color	Appearance	pH	Glucose	Protein	Acetone	Occult Blood	WBC	RBC	Epithelial
11-15%	7.4-11.0 f	1.005-1.035			4.5-7.5	Negative	Negative	Negative	Negative	HPF	HPF	LPF

TEST NAME

RESULT

UNITS

REFERENCE RANGE

U-PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

MAY 25 2002

PAGE 1 *** END OF REPORT ***
LABORATORY REPORT

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

ML LIN 00123

UNILAB REFERENCE LAB 59547
 18408 Oxford Street
 Tarzana, CA 91356
 (818) 998-7300
 So. Ca. (800) 339-4299
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UNILAB

Unilab Corporation
 18408 Oxford Street
 Tarzana, CA 91356
 (818) 998-7300
 So. Ca. (800) 339-4299
 www.unilab.com

Director and Pathologist
 Paul T. Wertlake, M.D.
 FINAL

REGISTRATION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

05/20/2002

DRAW TIME

NG

CHART/PATIENT ID

220506510

AGE SEX SOCIAL SECURITY #

32 M 220506510

PHYSICIAN

RECEIVED

05/20

REPORTED

05232002

SPEC. NO.

72065559

NAME

RESULT

OUT OF RANGE

REFERENCE

UNITS

LOC

Hepatitis Be Ag

POSITIVE

NEGATIVE

TEST RESULT(S) VERIFIED BY REPEAT ANALYSIS.

FIRST FINAL REPORT DATE: 05/23/2002 AT 3:03AM

FORMS FREE W/O CHEM (REV. 11/00) 80216

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 05/20/2002 - REPORTED DATE: 05/23/2002

ML LIN 00124

DIAMOND REFERENCE LABORATORY

1470 South Valley Vista Drive, Suite #100
Diamond Bar, CA 91765
(909) 861-6966 • (800) 228-2789

PATHOLOGISTS:

M.D. • EDWARD M. LAI, M.D.

ACCT #: 00000798

MEDICAL CLINIC OF GI
18720-A E. COLIMA ROAD
ROWLAND HEIGHTS, CA 91748
626-810-5601

ATTN PHYS: DR KAM

PATIENT I.D.

AGE

SEX

DATE RECEIVED

DATE REPORTED

ACCESSION NO.

BANG

32Y M 12/15/01 12/21/01 211204538

CHEMISTRY

Glucose	BUN	Creatinine	BUN/Creatinine	Calcium	Phosphorus	T-Protein	Albumin	Globulin	A/G Ratio	T. Bilirubin	ALT Phos	AST (SGOT)
112 mg/dl	7-22 mg/dl	M 0.7-1.3 mg/dl F 0.6-0.8 mg/dl	Ratio 10-30	8.5-10.4 mg/dl	Adult 2.4-4.2 mg/dl New Born 4-7 mg/dl	6.7-8.3 g/dl	4.0-5.2 g/dl	2.0-3.5 g/dl	1.1-2.4	Adult 0.3-1.1 mg/dl New Born 1-12 mg/dl	Adult 30-104 u/l New Born 80-425 u/l	9-28 u/l
						7.9	4.7	3.2	1.5		80	20

CHEMISTRY

ALT (SGPT)	LDH	CPK	GGTP	Sodium	Potassium	Chloride	CO ₂	Uric Acid	Triglyceride	Cholesterol	HDL	LDL
5-32 u/l	97-173 u/l	24-179	2-39 u/l	135-145 meq/l	3.6-5.4 meq/l	89-113 meq/l	19-29 meq/l	M 3-7.3 mg/dl F 2.2-6.8 mg/dl	29-200 mg/dl	130-214 mg/dl	33-85 mg/dl	<160 mg/dl
28												

CHEMISTRY**THYROID****SEROLOGY****HEMATOLOGY**

Iron	UICB	TIBC	T ₃ U	T ₄	FTI (calc)	T ₃ RIA	TSH, uIU/ml	RPR	Rheumatoid	ANA	Sed. Rate	Platelet Ct.
24-124 mcg/dl	125-325 mcg/dl	245-400 mcg/dl	23.8-35.8%	4.5-12.5 ug/dl	1.1-4.5	80-200 ng/dl	Hyper 0.0-0.1 Euthy 0.2-6.0 Hypo ≥ 6.2	Non-Reactive	Factor 1:20 Negative	Latex Negative	M 0-10 mm/hr F 0-20 mm/hr	150-440

HEMATOLOGY

HGB	Hct	RBC	MCV	MCH	MCHC	WBC	Poly	Band	Lymph	Mon	Eosin	Baso
M 14-18 gm/dl F 12-16 gm/dl	M 42-52 % F 37-47 %	M 4.2-6.2 X 10 ⁶ F 4.0-5.5 X 10 ⁶	80-100 µ ³	27-34 µg	32-36 gm/dl	4.0-11.0 X 10 ⁹	43-79%	0-6%	13-43%	0-12%	0-6%	0-2%

HEMATOLOGY**URINALYSIS**

RDW	MPV	Sp Gravity	Color	Appearance	pH	Glucose	Protein	Acetone	Occult Blood	WBC	RBC	Epithelial
11-15%	7.4-11.0 fl	1.005-1.035			4.5-7.5	Negative	Negative	Negative	Negative	HPF	HPF	LPF

TEST NAME

RESULT

UNITS

REFERENCE RANGE

BILIRUBIN, TOTAL

RESULTS VERIFIED BY REPEAT ANALYSIS.

BILIRUBIN, DIRECT

0.4 H

MG/DL

0.0-0.3

HEPATITIS Be Ag

POS

U

NEGATIVE

SEE ATTACHED REPORT

U-PERFORMED AT: UNILAB CORPORATION
18408 OXNARD STREET
TARZANA, CA. 91356

DEC 26 2001

Copy to pt
repeat blood tests
in 6 months

PAGE: 1

*** END OF REPORT ***

LABORATORY REPORT

STATE LAW REQUIRES THE WOMEN TESTED BE INFORMED AS TO THE RHESUS (RH) TYPING TEST RESULTS. REFERENCES RANGES ARE FOR ADULTS (20-45).

LABORATORY REPORT



Unilab Corporation
18408 Ozard
Torrance, CA 90503
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Director and Pathologist
Paul J. Wertike, M.D.

FINAL

END REFERENCE LAB 59547
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MOND BAR, CA 91765 1006

UNILAB

REGISTRATION NUMBER

ROOM/LOC

PATIENT DOB

FASTING

DATE COLLECTED

12/17/2001

DRAW TIME

NG

CHART/PATIENT ID

211204538

AGE | SEX | SOCIAL SECURITY #
NG M 211204538

PHYSICIAN

RECEIVED

12/18

REPORTED

12192001

SPEC. NO.

58982423

NAME

RESULT

OUT OF RANGE

REFERENCE

UNITS

LOC

Eritis Be Ag

POSITIVE

NEGATIVE

FIRST FINAL REPORT DATE: 12/19/2001 AT 4:01PM

FORMS-FREE W/O CHEM (REV. 11/00) 80219

PAGE 1 :END OF FINAL REPORT FOR: BANG LIN

DATE COLLECTED: 12/17/2001 - REPORTED DATE: 12/19/2001

ML LIN 00126